



COUNTY COUNCIL OF THE WEST RIDING
OF YORKSHIRE.


FORTY-SEVENTH
ANNUAL REPORT

OF THE

County Medical Officer,

FOR THE YEAR, 1935.

*Printed by Order of the Public Health and Housing
Committee, 21st September, 1936.*



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WEST RIDING PUBLIC HEALTH AND HOUSING COMMITTEE.

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VICE-CHAIRMAN

County Alderman D. A. Blackburn

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Cartwright, W. B. <i>(Vice-Chairman of the County Council.)</i>	Newton, J. <i>(Chairman of the Venereal Diseases Sub-Committee.)</i>
Dawson, Major J. M.	Siddall, J.
Dean, W. <i>(Chairman of the Middleton-in-Wharfedale Sanatorium Sub-Committee.)</i>	Tomlinson, T. <i>(Chairman of the Tuberculosis Sub-Committee.)</i>
Eddy, H. <i>(Chairman of the Scotton Banks Sanatorium Sub-Committee.)</i>	Turner, Sir Ben, C.B.E.
Lomas-Walker, G. B. <i>(Chairman of the County Council.)</i>	Unwin, Miss H.

COUNTY COUNCILLORS

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Archer, Rev. F.	Hitchin, R.
Atkinson, Mrs. E. M. E.	Holmes, H. E.
Bailey, A. R.	Inglis, E. P.
Bevan, S. G.	Jackson, F.
Beverley, Mrs. H.	Kilner, A.
Blackburn, A.	Mellor, J. W. <i>(Chairman of the Crookhill Hall Receiving Home Sub-Committee.)</i>
Blewitt, W. T.	Palmer, G. E.
Bradley, B.	Radcliffe, R. J. P. J.
Clough, W.	Richardson, J.
Corfield, A. <i>(Chairman of the Local Government Act, 1929, Sub-Committee.)</i>	Roberts, B.
Crabtree, E.	Simpson, J. W.
Dawson, H. M.	Tack, A. W.
Fielding, T. G.	Waddilove, V. <i>(Chairman of the Eldwick Sanatorium Sub-Committee.)</i>
Flavell, A.	Whittock, M.
Fletcher, A.	Wilkinson, J. <i>(Chairman of the Cardigan Sanatorium Sub-Committee.)</i>
Fouchard, A.	Wragg, Mrs. E., M.B.E.
Goodall, N. <i>(Chairman of the Tuberculosis Staff, Supplies and Treatment Sub-Committee.)</i>	York, Col. E., D.L.
Heald, Mrs. M.	
Hibbert, W.	

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND
HOUSING COMMITTEE OF THE COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the health conditions in the County during 1935.

The minimum requirements of the Report were prescribed by Circular 1492 issued by the Ministry of Health, which indicated that the Report for this period should be an "ordinary report" and not a "survey report."

The vital statistics for 1935 show little departure from those of the previous year and as an indication of the general health of the Administrative County they may be regarded as satisfactory. The Birth Rate showed a slight fall from 15·2 in 1934 to 15·0 in 1935. The general Death Rate was 11·7 in 1934 and 11·9 in 1935, while the Infantile Mortality Rate for these two years remained stationary at the record low figure of 58 deaths of infants under one year per 1,000 births.

It should be noted in this connection that there is a limit to which the Infantile Mortality rate can be reduced under present-day conditions of living, and having regard to hereditary factors which govern the production of good stock.

An examination of the causes of Infantile Mortality reveals that 50 per cent. of the deaths of infants taking place under one year of age occur during the first month of life and are nearly all due to congenital conditions, premature births, malformations, etc., which in a large proportion of cases can not be prevented as they are due to inherent diseases or after-effects thereof from father or mother, or both. It follows therefore that until such time as national legislation is introduced enforcing selected marriages or restricting the procreation of children to those persons only who have been certified fit in all respects in body and in mind, an appreciable number of deaths among infants will continue to take place despite the most energetic activities of Maternity and Child Welfare Authorities.

Reference to page 17 provides interesting information regarding mortality at different ages from various causes and the age and sex distribution of deaths which have taken place in the Administrative County. It is well known that the male infant is more difficult to rear than the female. This fact is clearly demonstrated by the table at the foot of the page which shows that in urban districts 544 male infants under one year of age died, as compared with 369 female infants, while in the rural districts 234 males under one year of age died, as compared with 183 females.

Further details concerning infantile mortality in the County appear on pages 23-25.

A slight increase took place in the death rate of tuberculosis, but a decrease in incidence; the upward trend continued in the death rate from cancer and diseases associated with the heart and circulatory system. (See pages 13, 21, 22 and 113.)

A comparison of the vital statistics between the urban and rural districts of the Administrative County appears in the table on page 18. The table also contains the corresponding rates for the Administrative County as a whole and for England and Wales. It will be observed that the general death rate, zymotic death rate, phthisis death rate, death rate from heart and circulatory diseases, respiratory diseases death

rate, cancer death rate and infantile death rate are higher in the urban districts of the County than in the rural districts, and higher also, except the tuberculosis death rate, than corresponding rates for England and Wales, while for the birth rate the converse takes place.

As regards Maternal Mortality, it is satisfactory to report a substantial fall in this rate, which is calculated as the number of deaths of mothers per 1,000 live births and which for the year 1934 was 5·81 and for 1935 was 4·55. A reduction in the number of deaths from this cause was registered both in the group classified as puerperal sepsis and among the remainder of contributory causes, hæmorrhage, etc.

In my Annual Report for 1934 I commented upon the reduction in the Maternal Mortality rate for that year, compared with the rate for the preceding year (1933) and I said "The reduction is so slight as to warrant no comment. It is possible that the "extensive measures to combat Maternal Mortality which your Committee has put into "operation are now bearing fruit." The further reduction in the rate for the period under review (1935) lends support to this suggestion.

An analysis of the Maternal Mortality rate upon the basis of occupation of the husband, or of the wife if employed, shows that in the Administrative County the highest rates are found among female textile workers and the wives of men engaged in engineering, metal and glass works. The wives of miners show a rate mid-way between the preceding groups and the wives of men engaged in agriculture and of those living in residential districts.

A comparison of the incidence of Maternal Mortality in different parts of the County appears in the table on page 76. For convenience the rates have been calculated for each of the sixteen Guardians Committees areas. It is impossible to make any sweeping statement from a perusal of this table. According to this grouping of the districts the Ewecross, Barkston Ash and Goole and Selby Divisions are to be congratulated on their consistently low rates but it should be remembered that an alternative grouping of sanitary districts would completely alter the picture. The table demonstrates that a high maternal mortality is not associated exclusively with any one part of the County or to any appreciable extent with urban districts rather than rural districts, and that because a district has a low rate during one or more consecutive years it does not follow that this happy state of affairs will continue.

During the latter part of the year the Ministry of Health decided to undertake an exhaustive enquiry into the subject of maternal mortality throughout the whole of the country, and as mentioned on page 76, Drs. C. J. Donelan and G. I. Brodie of the Ministry of Health spent considerable time making careful investigations in representative parts of the Administrative County and in the County Boroughs of the West Riding.

The report by Dr. Rhoda Adamson upon maternal deaths in the County Maternity and Child Welfare Area during 1935 (page 77 *et seq.*) makes interesting reading. She makes pertinent comments upon methods by which a number of lives might have been saved had appropriate action been taken either during the period of pregnancy and parturition or prior to pregnancy taking place.

The year 1935 witnessed the establishment of further Child Welfare Centres, bringing the total in the Administrative County up to 123; in addition, 24 new Ante-natal Clinics were established in connection with these Child Welfare Centres, increasing the number from 54 to 78.

The programme of the Maternity and Child Welfare Committee allows for the provision of 24 additional Clinics, and this will be a step further towards the time when an Ante-natal Clinic is attached to every Child Welfare Centre.

The increasing popularity of these clinics can be gauged from the fact that the attendances at the Child Welfare Centres increased last year by nearly 29,000, giving a total of over 300,000 attendances, while the attendances of expectant mothers at ante-natal clinics increased by nearly 5,000 making a total of over 16,000 attendances.

In my Annual Report as School Medical Officer for 1935, recently published, a somewhat lengthy reference appears to the subject of "nutrition" of the people and, therefore, it is not necessary to discuss this matter at length in these pages.

It is appropriate, however, that I should refer briefly to the action of the West Riding Public Health and Housing Committee in appointing two trained investigators to carry out certain enquiries in connection with this important subject. These ladies, who have been trained in bio-chemical laboratories and are in possession of degrees in science, commenced their enquiry in the Administrative County in 1935.

The essential object of their investigations was to ascertain the degree of nutrition of the people and the relation of this nutritional state to the nature and quality of the food they were consuming, due regard being paid to the economic circumstances of the family.

They visited a mining area, a textile area, an agricultural area and a sheep rearing area, spending a week or two in each of these districts when they called at a number of houses, selected at random. At each house a careful statement was prepared setting out as exactly as possible the total amount of various articles of food consumed over a period of one week and the amount of money spent upon them. The nutrition of each member of the family was ascertained as far as possible by taking height, weight and by making a hæmoglobin examination of the blood. At the time of writing (July, 1936) the data collected from 98 families is being carefully analysed, the chemical composition, vitamin content and nutritional value of articles of food ascertained and the whole is being examined in collaboration with expert statisticians. A complete report upon the investigations should be available early in 1937.

The year 1935 saw further extensions in the activities of every branch of the Department, and the senior staff of most sections were engaged during a large part of that time in breaking new ground, in the preparation of new schemes or in the compilation of reports and statements in connection with Parliamentary Bills and the Enquiry into the Review of County Districts. These additional duties have necessitated a large and continued increase in the number of temporary staff attached to the Department, and it is quite certain that this augmented personnel will be required for many years to come in view of the continued expansion of the health services of the County.

A few examples of these services which are either under consideration at the present time or require attention in the immediate future are the general hospital services (see page 49); the infectious diseases hospital service (Section 63 of the Local Government Act, 1929); an orthopædic scheme; a new tuberculosis sanatorium at Scotton Banks; maternity hospital development; a hospital school for the partially sighted; the provision of a number of central aural clinics for the treatment of ear diseases; the development of a scheme for the care of the pre-school child or "toddler" recently recommended by the Minister of Health; the gradual introduction of the scheme for the provision of whole-time Medical Officers of Health (Section 111 of the Local Government Act, 1933); the preparation of a scheme for a salaried midwifery service (Midwives Act, 1936); the medical section of the scheme required by the Home Office in connection with Air Raid Precautions; preparation of schemes in connection with water supplies and sewage disposal (Section 57 of the Local Government Act, 1929).

The "Composite Committee" of the County Council (see page 49) has recognised that the staff of the Department requires considerable strengthening and in October, 1935, I presented a report upon re-organisation, containing a number of recommendations for additions to the establishment. The recommendations contained in this report apart from one minor exception, were finally approved by the Composite Committee in March, 1936.

I have the honour to be,

Your obedient servant,

T. N. V. POTTS,

County Medical Officer.

County Hall, Wakefield,
August, 1936.

Staff

(AUGUST, 1936).

County Medical Officer and School Medical Officer.

T. N. V. Potts, M.D., B.S., B.Hy., D.P.H.

Administrative Assistant Medical Officers of Health.

P. L. Sutherland, M.B., Ch.B., D.Sc. (Pub. Health).	County Bacteriologist and Pathologist.
J. A. Fraser, M.B., Ch.B., D.P.H.	Senior Administrative Assistant.
R. Lawrence, M.D., Ch.B., D.P.H.	Chief Assistant School Medical Officer, and Child Welfare Medical Officer.
G. S. Johnston, M.D., Ch.B., D.P.H.	Chief Clinical Tuberculosis Officer.
J. L. G. Iredale, M.B., Ch.B., D.P.H.	Assistant Bacteriologist.

Consultant Tuberculosis Officers.

H. E. Raeburn, M.D., M.B., B.S.	H. A. Crowther, M.A., M.R.C.S., L.R.C.P.
V. Ryan, M.D., Ch.B., D.P.H.	S. R. Wilson, M.D., Ch.B., D.P.H.

Assistant Tuberculosis Officers.

G. A. Crowley, B.A., M.D., B.Ch., D.P.H.	T. W. Rutledge, M.B., Ch.B., D.P.H.
J. E. Gething, B.A., M.B., Ch.B.	E. A. Wilson, M.D., M.R.C.S., L.R.C.P.
E. J. C. Groves, M.B., Ch.B.	S. P. Wilson, M.D., Ch.B., D.P.H.
A. Leitch, M.B., Ch.B., D.P.H.	J. Wood Wilson, M.D., Ch.B., D.P.H.
A. D. Rankin, M.B., Ch.B., D.P.H.	

Sanatorium Medical Staffs.

G. S. Johnston, M.D., Ch.B., D.P.H.	(<i>Chief Clinical Tuberculosis Officer</i>), Medical Superintendent, Cardigan Sanatorium.
H. E. Raeburn, M.D., M.B., B.S.	Medical Superintendent, Middleton Sanatorium.
H. J. Partington, M.B., Ch.B., M.R.C.S., L.R.C.P.	Senior Assistant M.O. do. do.
W. Guthrie, M.B., Ch.B.	Junior Assistant M.O. do. do.
W. H. Valentine, M.B., Ch.B., M.R.C.S., L.R.C.P., B.A.	Junior Assistant M.O. do. do.
V. Ryan, M.D., Ch.B., D.P.H.	Medical Superintendent, Crookhill Hall Receiving Home.
M. S. Sharp, M.B., Ch.B.	Medical Superintendent, Eldwick Sanatorium.

Sanatorium Nursing Staff.

Middleton Sanatorium	Matron, J. Pegg. Nursing Staff, 63.
Cardigan Sanatorium	Matron, E. Marvin. Nursing Staff, 7.
Crookhill Hall Receiving Home	Matron, M. A. Toogood. Nursing Staff, 6.
Eldwick Sanatorium	Matron, Martha Heslop. Nursing Staff, 5.

Venereal Diseases Officers. T. M. Edward, M.B., Ch.B., Acting V.D. Officer.

There are 17 part-time Medical Officers centres; see page 30 for list of centres.

School Oculists.

C. S. Stoddart, M.B., Ch.B.
H. W. Murphy, M.B., Ch.B., D.P.H.
C. G. K. Sharp, M.D., Ch.B. (Part-time).

Aural Surgeon. (Part-time).

H. M. Petty, M.B., Ch.B., D.L.O.

School Medical Inspectors.

N. Allan, M.B., Ch.B.	J. M. Macmillan, M.B., Ch.B., D.P.H.
J. M. Anderson, M.R.C.S., L.R.C.P.	G. M. Mayhall, M.R.C.S., L.R.C.P.
R. B. Becker, M.D., Ch.B., D.P.H.	B. M. Newlands, M.B., Ch.B., D.P.H.
J. W. Cairns, M.D., Ch.B., D.P.H.	M. E. Peaker, M.R.C.S., L.R.C.P.
J. Coupland, M.B., B.S., D.P.H.	A. Rennie, M.B., Ch.B.
G. P. Holderness, M.B., Ch.B., D.P.H.	D. C. Rice, M.B., Ch.B.
J. V. Kirkwood, M.B., Ch.B., D.P.H.	J. J. Smith, M.B., Ch.B., D.P.H.
S. Lindsay, M.B., Ch.B.	J. E. M. White, M.R.C.S., L.R.C.P.

Senior Dental Officer.

B. R. Townend, L.D.S.

School Dentists.

P. D. Copeland, B.D.S.

O. A. Long, L.D.S.

F. W. Buzza, L.D.S.

B. Sleight, B.Ch.D.

K. Batten, L.D.S.

Miss R. Sclare, L.D.S.

S. E. Clarke, L.D.S.

J. Jackson, L.D.S.

J. Todd, L.D.S.

A. Topping, L.D.S.

G. Kilvington, L.D.S.

C. Baines, L.D.S.

Miss M. Gibson, L.D.S.

D. D. Allan, L.D.S.

G. O. Wood, L.D.S.

W. Rodger, L.D.S.

F. Sturgess, L.D.S.

J. Mackay, L.D.S.

E. Thornton, L.D.S.

J. M. Macdonald, L.D.S.

Miss D. Phillips, L.D.S.

H. F. Jones, L.D.S.

F. Brabington-Perry, L.D.S.

A. M. Moorhead, L.D.S.

J. H. N. Macdonald, L.D.S.

R. E. Morgan, L.D.S.

Miss M. M. Thom, L.D.S.

J. R. Wishart, L.D.S.

Miss D. E. Smithson, L.D.S.

County Analyst.

F. W. Richardson, F.I.C., F.C.S.

Bio-Chemist.

D. W. Auchinachie, M.A., B.Sc. (Hons.), Ph.D.

Consultant Obstetricians and Gynæcologists.

42 Consultants.

Child Welfare Centre and Ante Natal Medical Officers.

Whole-time Medical Officers of Health	...	...	...	...	...	...	...	...	3
School Medical Inspectors	...	...	...	...	...	...	...	...	10
Part-time Medical Practitioners in general practice	...	...	...	...	...	...	...	...	60
Part-time Medical Women in general practice	...	...	...	...	...	...	...	...	19
Part-time Medical Women not in general practice	...	...	...	...	...	...	...	...	10

School Nurses and Health Visitors, etc.

Miss A. Brooke—Inspectress of Nurses and Midwives.

Miss A. M. Clarke do.

Miss M. Davenport do.

Miss E. R. McDonald (temporary) do.

112 Child Welfare Nurses.

6 School Nurses.

29 Dental Nurses and Attendants.

22 Tuberculosis Nurses.

63 Part-time Child Welfare Nurses.

Technical Staff.**CHIEF COUNTY SANITARY INSPECTOR:**

A. Brook.

COUNTY SANITARY INSPECTORS:

L. Butterworth. H. Tayler.

Laboratory Staff:**CHIEF LABORATORY ASSISTANT:**

J. W. Gooderidge.

SENIOR LABORATORY ASSISTANTS:

I. W. Harris, J. B. Marshall.

3 Junior Assistants, 6 Attendants.

COUNTY RADIOGRAPHER:

Miss A. M. Byass, B.Sc., M.S.R.

FOOD AND DRUGS SAMPLING OFFICERS:

(Also act as Inspectors of Weights and Measures)

1 Chief Inspector, 9 Sampling Officers.

Clerical Staff.**SENIOR CLERK:**

J. C. Bennett.

SECTIONAL SENIOR CLERKS:R. L. Rea. *Treatment of Tuberculosis.*J. W. Beaumont. *Statistics, General Public Health.*W. A. Ryder. *School Medical Services.*H. V. Stott. *Cashier, V.D., Propaganda.*J. H. Gloyne. *Milk Supply, Food and Drugs.*J. W. Bray. *General, Local Government Act.*B. E. Allenby. *Maternity and Child Welfare.*A. B. Harrison. *Laboratory.*

22 Clerks, 16 Typists.

Medical Officers of Health.

There are 13 whole-time and 93 part-time Medical Officers of Health; for list see Table folded in at page 18, headed "Births, Deaths, Annual Rates, etc."

District Medical Officers (Public Assistance) and Public Vaccinators.

Name	Qualifications.	District	Area (acres)	Population (approx.)
<i>No. 1.—Ewecross Area.</i>				
J. T. Bleasdel	M.R.C.S., L.R.C.P.	Gisburn	30302	2974
T. G. S. Harkness	L.R.C.P., L.R.C.S.	Slaidburn	51369	2475
C. A. Allan	M.B., Ch.B.	Great Mitton	1727	181
T. W. Rothwell	M.B., Ch.B.	Dent	20895	925
B. S. Hyslop	M.B., Ch.B.	Sedbergh Garsdale	31779	2644
G. J. Marks	M.B., Ch.B.	Horton and Settle	35775	5025
A. J. Troughton	L.R.C.P., L.R.C.S., L.R.F.P.S.	Ingletton	26548	3033
T. Lovett	M.B., Ch.B.	Bentham	7718	2452
H. M. Clegg	M.R.C.S., L.R.C.P.	Clapham	25345	1249
H. Wales	M.B., B.Ch.	Long Preston	16295	2095
K. C. Crosbie	M.B., Ch.B.	Kirkby Malham	22328	608
		Arncliffe	17998	284
<i>No. 2.—Staincliffe Area.</i>				
C. Clyne	M.D., Ch.B., D.T.M. & H.	Kildwick	11327	6586
W. L. Crabtree	L.S.A., L.M.S.S.A.	Addingham	20785	2761
K. C. Crosbie	M.B., Ch.B.	Grassington and Kettlewell	60502	3245
N. A. MacLeod	M.D., Ch.B.	Skipton	21978	15471
A. M. Niven	M.B., Ch.B.	Thornton	10002	6667
J. W. Pickard	M.B., Ch.B.	Barnoldswick	6572	12131
M. Purcell	M.B., Ch.B., B.A.O.	Silsden	7101	4881
H. Wales	M.B., Ch.B.	Gargrave	20994	1941
<i>No. 3.—Claro Area.</i>				
†C. A. Flintoff	M.R.C.S., L.R.C.P.	Pateley Bridge	49939	5820
E. G. Campbell	M.B., Ch.B., D.P.H.	Birstwith	25132	1245
P. A. Steven	M.B., Ch.B.	Ripon	18394	10736
*S. Hey	M.R.C.S., L.R.C.P.	Sharow	7391	887
†R. Thomas	B.M., B.Ch.	Kirkby Malzeard	25817	2162
R. G. M. Harvey	L.R.C.P.I. & L.M., L.R.C.S.I.	Harrogate	10795	38935
S. Foskett	M.D., B.S.	Killinghall	15624	3085
†D. F. Dobson	M.B., B.S., D.P.H.	Knaresbro'	12141	8186
††W. J. Forbes	M.B., Ch.B., B.A.O.	Knaresbro'		
S. C. Wilkinson	M.B., Ch.B., L.S.A.	Starbeck	2688	4818
J. S. Dudgeon	M.D., B.Ch., B.A.O., D.P.H.	Acomb	8861	7024
R. C. Davison	M.B., B.S.	Green Hammerton	16981	2553
†J. M. Benson	M.B., Ch.B.	Gt. Ouseburn	10201	1298
F. P. Rust	M.B., B.S., L.R.C.P., L.R.C.S.	Boro'bridge	9926	2401
<i>No. 4.—Barkston Ash Area.</i>				
T. H. Barton	M.B., B.S.	Bishopthorpe	6411	2933
C. H. Sykes	L.R.C.P., L.R.C.S., L.R.F.P.S.	Aberford	17315	9597
†C. C. Hargreaves	M.B., Ch.B., D.P.H.	Kippax	10167	13503
Wm. Murphy	M.B., Ch.B., M.R.C.S., L.R.C.P.	Sherburn	22009	5254
J. P. Scatchard	M.B., B.S., M.R.C.S., L.R.C.P.	Ryther	22902	5803
R. W. Lee	M.B., Ch.B.	Tadcaster	11100	4384
H. B. Cook	M.D., Ch.B.	Boston Spa	19233	3365
O. D. Beetham	M.B., Ch.B.	Harewood	7058	2311
†J. A. Hargreaves	M.B., C.M.	Kirkby Overblow	27247	6388
		Thorner		
		Tockwith		
		Wetherby		
<i>No. 5.—Skrack Area.</i>				
D. W. E. Burrige	M.B., Ch.B.	Horsforth	5758	17014
†A. J. I. Muschamp	M.B., Ch.B.	Yeadon	4568	13429
†G. E. Macvie	M.D., Ch.B.	Baildon	5558	9059
†*E. G. Firth	M.R.C.S., L.R.C.P.			
*T. Browne-Header	M.B., C.M.	Ilkley	11646	10472
†F. P. Gibson	M.B., Ch.B.			
*W. H. Galloway	M.R.C.S., L.R.C.P.	Otley	37111	22349
†H. V. Horsfall	M.B., Ch.B.			
<i>No. 6.—Worth Valley Area.</i>				
†H. C. Ling	M.R.C.S., L.R.C.P. & L.M.	North Keighley	11663	43666
†W. Lambert	M.R.C.S., L.R.C.P.	South Keighley		
*F. Villy	M.D.			
W. A. Lochhead	M.B., Ch.B.	Bingley	9522	17370
J. E. Baird	M.B., Ch.B., B.A.O.	Cullingworth	1215	1500
C. Clyne	M.D., Ch.B., D.T.M. & H.	Haworth	9991	11500
G. Marquis	M.B., Ch.B.	Sutton	4414	4641
		Wilsden	2638	3000
<i>No. 7.—East Morley Area.</i>				
†E. T. Hyland	M.B., B.Ch., B.A.O.	Pudsey	2399	14762
H. D. Merrington	M.B., Ch.B.	Drighlington	1135	4064
A. L. Mitchell	M.B., Ch.B.	Hunsworth (part of)	1381	879
J. A. Hope	M.B., C.M.	Hunsworth (part of)	—	439
*O. D. Ballinger	B.M., B.Ch.	Shipley	2182	30243
†H. Gibson	M.R.C.S., L.R.C.P.			
A. H. Stewart	M.D., C.M.	Denholme	2536	2662
N. A. A. Hughes	M.R.C.S., L.R.C.P.	Calverley	2106	3655
†T. H. Elmer	M.B., Ch.B.	Farsley	821	6158
<i>No. 8.—Calder Area.</i>				
††W. R. Thompson	L.R.C.P., L.R.C.S., L.R.F.P.S.	Shelf	1303	2600
†*J. J. Murphy	M.B., B.Ch., B.A.O.			

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time)

° Assistant District Medical Officer.

Name.	Qualifications.	District.	Area (Acres.)	Population (approx.)
<i>No. 8.—Calder Area (contd.).</i>				
†A. J. W. Stephen ...	M.B., Ch.B., D.P.H. ...	Ripponden ...	13240	5447
†H. W. Morck ...	M.R.C.S., L.R.C.P. ...	Sowerby and	4140	15807
V. C. Meyer ...	M.B., Ch.B. ...	Sowerby Bridge		
C. S. Ogilvy ...	L.R.C.P., L.R.C.S., L.R.F.P.S. ...	Luddenden Foot ...	2948	4763
†H. N. Middleton ...	M.B., B.Ch., B.A.O. ...	Brighouse ...	9740	32159
†J. H. J. V. Coats ...	M.B., B.Ch. ...	Hipperholme ...		
C. M. Stallard ...	M.D., Ch.B. ...	Rastrick ...	3431	15048
A. G. Gamble ...	L.M.S.S.A. ...	Elland ...		
†N. C. Beaumont ...	M.R.C.S., L.R.C.P. ...	Stainland ...	2320	4246
G. C. Sharp ...	M.B., Ch.B. ...	Queensbury ...	1492	5763
H. Thorp ...	M.B., Ch.B., D.P.H. ...	Todmorden ...	12770	23223
†F. J. Dowdall ...	M.B., B.Ch. B.A.O. ...	Hebden Bridge ...	20977	11197
S. T. Henderson ...	M.B., Ch.B. ...	Mytholmroyd ...	6608	4467
<i>No. 9.—Spen Valley Area.</i>				
H. Keighley ...	M.R.C.S., L.R.C.P. ...	Batley ...	3026	33200
†A. Dick ...	M.B., Ch.B., D.P.H. ...	Birstall ...	1435	8578
A. L. Mitchell ...	M.B., Ch.B. ...	Cleckheaton ...	1756	12500
H. D. Merrington ...	M.B., Ch.B. ...	Gildersome ...	992	3041
E. M. Whitehead ...	M.B., Ch.B. ...	Gomersal ...	2024	6586
W. A. Mair ...	M.B., Ch.B., F.R.C.S.E. ...	Heckmondwike ...	696	8991
*R. M. Beatty ...	M.B., Ch.B. ...	Liversedge ...	2136	14692
†R. Dick ...	M.B., Ch.B., F.R.C.S. ...			
J. E. H. West ...	M.B., Ch.B. ...	Mirfield ...	3394	12099
*†W. S. Sykes ...	M.B., B.Ch., D.P.H. ...	Morley ...	3385	23397
†W. T. McCutcheon ...	M.B., Ch.B. ...			
†W. L. René Wood ...	M.R.C.S., L.R.C.P. ...	Ossett ...	3333	14838
<i>No. 10.—Lower Agbrigg Area.</i>				
T. Stephens ...	B.Sc. M.R.C.S., L.R.C.P. ...	Kirkhamgate ...	5471	11605
O. V. Burrows ...	M.B., B.Ch. ...	Ardley, E. and W. ...		
††D. Bell ...	M.B., Ch.B., D.P.H. ...	Thorpe ...	5261	4949
C. H. Smith ...	M.B., Ch.B. ...	Crigglestone ...		
J. N. U. Russell ...	M.B., B.Ch., B.A.O. ...	Emley ...	8076	6516
†M. Melvin ...	M.B., Ch.B. ...	Flockton ...		
J. D. Bottomley ...	M.B., Ch.B. ...	Horbury ...	1280	7791
†F. J. G. Tocher ...	M.B., Ch.B. ...	Lofthouse ...	6239	19839
D. Downie ...	M.B., Ch.B. ...			
††H. Scholefield ...	M.B., Ch.B. ...	Walton ...	2662	1521
N. S. Twist ...	M.B., Ch.B. ...	Altofts ...	3066	20664
†J. G. Munro ...	M.B., Ch.B. ...	Normanton ...		
*T. E. Lister ...	M.B., Ch.B. ...	Sharlston and	4612	7014
C. H. Seville ...	M.B., Ch.B. ...	Crofton ...		
†H. Stevenson ...	M.B., C.M. ...	Oulton ...	1178	4290
		Rothwell ...	3500	9300
<i>No. 11.—Osgoldcross Area.</i>				
G. Burnett ...	M.B., Ch.B., F.R.C.S. ...	Pontefract ...	9939	20612
†J. Kehelly ...	M.B. B.Ch., B.A.O. ...	Knottingley ...	14411	9015
F. G. Creaser ...	M.B., Ch.B. ...	Hensall ...	5678	880
B. H. Gillbanks ...	M.B., Ch.B. ...	Ferry Fryston ...	12423	10769
J. J. W. Campbell ...	L.R.C.P., L.R.C.S., L.R.F.P.S. ...	Castleford ...	3728	36582
†*W. Steven ...	M.B., C.M. ...	Featherstone ...	4431	14952
†J. Duncan ...	M.B., Ch.B. ...			
E. W. L. White ...	M.B., Ch.B. ...	Methley ...	3493	4606
†*M. B. Taylor ...	M.R.C.S., L.R.C.P. ...	Hemsworth ...	4163	13001
T. C. A. Sweetnam ...	M.D., B.Ch. ...			
W. L. Gardner ...	M.B., B.S. ...	Ackworth ...	8036	5523
J. Malloch ...	M.B., Ch.B. ...	Smeaton ...	5504	866
E. J. H. Sullivan ...	M.D., M.Ch., L.M. ...	Sth. Kirkby ...	7019	22334
S. Hodgkinson ...	M.B., Ch.B., D.T.M. ...	Ryhill ...	4297	6290
†J. L. Elliott ...	L.S.A., L.M.S.S.A. ...	Brierley ...	3413	8378
†J. W. Whitworth ...	M.B., Ch.B. ...	Houghton ...	2318	3276
<i>No. 12.—Goole and Selby Area.</i>				
†A. M. Erskine ...	M.D., B.Ch., D.P.H. ...	Goole ...	10123	21747
F. G. Creaser ...	M.B., Ch.B. ...	Snaith ...	13553	4681
*W. Eardley ...	M.B., B.Ch. ...	Carlton ...	11902	1999
†P. Eardley ...	M.B., Ch.B. ...	Swinefleet ...	8942	2207
J. C. T. Crowden ...	M.B., Ch.B. ...	Adlingfleet ...	5425	391
O. L. Scarborough ...	M.R.C.S., L.R.C.P. ...	Selby and Cawood	26354	14007
<i>No. 13.—Don Valley Area.</i>				
†J. M. Hain ...	M.B., Ch.B. ...	Doncaster West ...	7983	18123
†W. L. Walker ...	M.B., Ch.B. ...			
°W. E. L. Lawson ...	M.B., Ch.B. ...	(Arksey, etc.) ...	7983	18123
*B. Lyons ...	M.D., B.Ch., D.P.H. ...			
H. F. Renton ...	M.D., B.S., M.R.C.S. ...	Armthorpe ...	15190	11977
°B. Hart ...	L.M.S.S.A. ...			
J. Malloch ...	M.B., Ch.B. ...	Askern ...	18035	9530
*W. F. Ward ...	L.R.C.P., M.R.C.S. ...	Bawtry ...	7939	11947
†P. Mullins ...	M.B., B.Ch. ...			
°P. Kane ...	M.B., B.Ch., B.A.O. ...	Bolton-on-Deerne ...	2325	14242
†G. B. Kelly ...	M.B., Ch.B., B.A.O. ...			
*J. K. T. Mills ...	M.B., Ch.B. ...			

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part-time).

° Assistant District Medical Officer.

Name	Qualifications.	District.	Area. (acres)	Population (approx.)
No. 13.—Don Valley Area—(contd.).				
†F. J. Boyle ...	M.B., B.Ch., B.A.O. ...	Thurnscoe ...	1254	10540
W. J. Maclure ...	M.B., Ch.B. ...	Conisbrough ...	13117	28462
*J. O'Donnell ...	L.R.C.P.I., L.M., L.R.C.S.I., & L.M. ...			
T. L. Ashforth ...	L.R.C.P., L.R.C.S. ...	Hooton Pagnell ...	11915	1483
D. Malloch ...	M.B., Ch.B. ...	Adwick-le-Street ...	3605	20257
*T. L. Ashforth ...	L.R.C.P., L.R.C.S. ...			
†J. J. Huey ...	L.S.A., L.M.S.S.A. ...	Mexborough ...	4511	17184
†A. C. Lindsay ...	M.B., Ch.B. ...	Tickhill ...	12768	3137
C. D. Walker ...	M.B., Ch.B. ...	Hatfield ...	16188	7486
R. M. L. Anderson ...	M.B., Ch.B. ...	Stainforth ...	8806	9061
*†J. M. Taylor ...	M.B., Ch.B., D.P.H. ...	Thorne ...	13425	14607
†W. Henry ...	M.B., Ch.B. ...			
No. 14.—Staincross Area.				
J. Leishman ...	M.D., Ch.B. ...	Dodworth ...	5075	8197
†H. R. L. Allott ...	L.M.S.S.A. ...	Hoyland ...	1961	11860
H. N. Ritchie ...	L.R.C.P.I., L.M., L.R.C.S.I., L.M. ...	Hoyland Common ...	2999	10695
†H. A. L. Banham ...	L.R.C.P., L.R.C.S., ...	Worsborough ...	3288	7650
†R. Millar ...	M.B., Ch.B., D.P.H. ...	Darton ...	3968	8783
†J. C. Pickup ...	M.B., Ch.B., D.P.H. ...	Wombwell ...	3567	18117
†H. B. Pare ...	M.B., Ch.B. ...	Royston ...	5602	9823
†J. L. Elliott ...	L.S.A., L.M.S.S.A. ...	Cudworth ...	1746	9380
†J. W. Whitworth ...	M.B., Ch.B. ...	Darfield ...	2881	5411
J. Smail ...	M.B., Ch.B. ...	Grenoside ...	3537	6468
*H. Sands ...	M.B., Ch.B., B.A.O. ...	Ecclesfield ...	2800	8950
†H. N. Skelton ...	M.R.C.S., L.R.C.P. ...			
J. A. R. Thompson ...	M.D., Ch.B., D.P.H. ...	Westnall ...	10573	4328
N. McPhail ...	M.B., Ch.B. ...	Bradfield ...	21727	4578
T. A. H. Smith ...	M.B., Ch.B. ...	Southey ...	700	600
A. E. Goldie ...	M.B., Ch.B. ...	Stocksbridge ...	5938	10235
†T. H. Easton ...	M.D., Ch.B. ...	Wortley ...	7839	2312
A. A. Masser ...	M.B., Ch.B. ...	Penistone ...	17182	7176
†R. N. Farrer ...	M.R.C.S., L.R.C.P. ...	Clayton West ...	6927	4298
F. L. Whincup ...	M.B., Ch.B. ...	Cawthorne ...	8778	4815
No. 15.—Upper Agbrigg Area.				
†J. A. Stephens ...	M.R.C.S., L.R.C.P. ...	Kirkburton ...	6987	8424
†D. Bell ...	M.B., Ch.B., D.P.H. ...	Skelmanthorpe ...	4158	6685
†M. M. Dey ...	M.B., Ch.B. ...	Shepley ...	7936	7645
W. D. Galloway ...	M.R.C.S., L.R.C.P. ...	Holmfirth ...	8993	5246
*E. Trotter ...	M.B., Ch.B. ...	Holmfirth ...	4641	7084
††T. S. Davy ...	M.B., Ch.B. ...			
†W. H. Smailes ...	M.D., Ch.B., D.P.H. ...	Honley ...	1977	4745
P. MacGirr ...	M.B., Ch.B. ...	Meltham ...	6858	7910
R. N. Kirk ...	M.B., Ch.B. ...	Slaithwaite ...	5439	9252
S. Hall ...	M.B., Ch.B., B.A.O. ...	Golcar ...	2456	15824
G. R. Aspinwall ...	M.R.C.S., L.R.C.P. ...	Marsden ...	8633	5720
S. Prior ...	M.B., C.M. ...	Kirkheaton ...	1674	2610
††E. A. Ramsden ...	M.R.C.S., L.R.C.P., D.P.H. ...	The whole of the area covered by the former Saddleworth Union	18485	17410
J. Loftus ...	M.B., Ch.B. ...			
J. G. Oliver ...	M.B., Ch.B. ...			
†P. B. Wood ...	M.B., Ch.B. ...			
No. 16.—Rother Valley Area.				
H. M. Mills ...	M.B., Ch.B. ...	Wentworth ...	2328	1729
C. J. H. Aitken ...	M.D., C.M. ...	Swinton ...	1730	13820
†T. Crowley ...	L.R.C.P., L.R.C.S. ...	Wath-on-D. ...	4954	17089
D. P. K. Jockel ...	M.B., Ch.B. ...	Rawmarsh ...	2550	18570
G. H. Sedgwick ...	M.R.C.S., L.R.C.P. ...			
†W. L. Dibb ...	M.B., Ch.B., D.P.H. ...	Greasboro' ...	2413	3599
G. S. L. Kemp ...	M.R.C.S., L.R.C.P. ...	Dalton ...	4351	9249
†J. S. Shirlaw ...	M.B., Ch.B. ...	Maltby ...	9259	14929
†T. B. Johnstone ...	L.R.C.P., L.R.C.S. ...	Thurcroft ...	8945	10245
†K. Mackenzie ...	M.B., Ch.B. ...	Kiveton Park ...	20070	17034
J. N. Clark ...	L.R.C.P., L.R.C.S. ...			
R. G. Selby ...	M.B., C.M. ...	Brinsworth and Catcliffe ...	6904	9151

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time).

° Assistant District Medical Officer.

List of Vaccination Officers Serving Administrative County Area.

Name of Officer.	District Served	Area in Acres.	Population.
<i>Area No. 1—Ewecross.</i>		(approx.)	(approx.)
W. Roberts	Bowland Rural	73833	4271
Mrs. M. A. Hargreaves	Bashall Eaves	7838	1178
J. Peters	Mitton	1727	181
G. Kayley	Garsdale	11068	410
W. Batty	Dent and Sedbergh	41606	3159
W. Slinger	Bentham	59611	6734
C. Parker	Settle and Long Preston	92396	8012
<i>Area No. 2—Staincliffe.</i>			
G. J. Harker	Grassington	27355	2555
S. H. Day	Kettlewell	33147	690
G. D. Hunt	Gargrave	17757	1819
J. E. Attack	Addingham	20785	2761
D. Slater	Kildwick	20379	12058
Do.	Skipton	19112	14765
Do.	Barnoldswick	20726	19035
<i>Area No. 3.—Claro.</i>			
T. C. Crawhall	Great Ouseburn	45969	13276
J. Clark	Knaresborough	18838	9174
Mrs. M. E. Bowes	Harrogate	22410	45850
G. E. Wilkinson	Pateley Bridge	75071	7065
F. S. Metcalfe	Ripon	51602	13785
<i>Area No. 4.—Barkston Ash.</i>			
W. Bortoft	Tadcaster	44911	11060
W. Wormald	Aberford	27482	23100
S. C. Mellor	Wetherby	64638	16448
R. A. Wilkinson	Bishopthorpe	6411	2933
<i>Area No. 5—Skyrack.</i>			
G. C. Clarke	{ Guiseley	10126	22488
H. Wood	{ Horsforth	5758	17014
	Ilkley	48757	32821
<i>Area No. 6.—Worth Valley.</i>			
J. A. Sharp	Keighley	15472	48580
Miss A. Hartley	Bingley	12773	21424
W. H. Ogden	Haworth	8560	8673
L. M. Greenwood	Wilsden	2638	3000
<i>Area No. 7.—East Morley.</i>			
C. W. Calverley	Farsley	2927	9813
H. Darnborough	Drighlington	1135	4064
L. M. Greenwood	Denholme	2536	2662
A. Hotchin	Pudsey	2399	14762
L. Clough	Shipley	2182	30243
F. Higginson	Hunsworth	1381	1318
<i>Area No. 8.—Calder.</i>			
J. H. Hindle	Todmorden	40355	37887
F. Madders	Brighouse	12544	40520
A. Sutcliffe	Sowerby	26079	45313
<i>Area No. 9.—Spen Valley.</i>			
W. H. Holt	Batley	6485	49099
Miss G. Wormald	Gildersome	992	3044
H. Jackson	Heckmondwike	2832	23295
E. R. Brearley	Mirfield	3394	12114
Miss E. W. Haigh	Morley	3385	23396
J. Terry Smith	Ossett	3333	14838
F. Higginson	Cleckheaton	1756	12136
<i>Area No. 10.—Lower Agbrigg.</i>			
W. Town	Horbury and Normanton	41345	93489
<i>Area No. 11.—Osgoldcross.</i>			
Mrs. L. I. Dodsworth	Hemsworth East	34750	59668
I. Scott	Hemsworth West		
W. Town	Pontefract	54103	97416
<i>Area No. 12.—Goole and Selby.</i>			
H. S. Miller	Goole	38043	29026
W. B. Weaver	Selby	38256	16006
<i>Area No. 13.—Don Valley.</i>			
F. Grisedale	Bolton-on-Deerne	21587	28491
Do.	Mexborough	7906	35361
A. J. Thorsby	Tickhill	42973	36651
J. Thurgood	Adwick-le-Street	26176	46379
H. E. Newton	Thorne	38419	31154
<i>Area No. 14.—Staincross.</i>			
E. Hammerton	Darton and Darfield	21572	70508
W. Taylor	Worsborough	7250	17039
B. J. B. Marsden	Stocksbridge	38238	19141
F. Bailey	Wortley	8082	3142
H. Dowson	Ecclesfield	7037	16018
H. Redfearn	Penistone	35109	17828

LIST OF VACCINATION OFFICERS SERVING ADMINISTRATIVE COUNTY AREA—continued.

Name of Officer.	District Served	Area in Acres	Population.
<i>Area No. 15.—Upper Agbrigg.</i>			
E. Firth	Colne and Holme	59752	81145
A. Smith	Saddleworth	16930	12577
Miss J. Lees	Springhead	1555	4833
<i>Area No. 16.—Rother Valley.</i>			
F. S. Butcher	Rotherham Rural	8880	14312
W. J. Blyth	Rawmarsh	4963	22169
G. C. Hearn	Maltby	20579	29262
T. H. Harrison	Wath-on-Dearne	9012	32638
C. F. Airey	Kiveton Park	20070	17034

**County Public Assistance Institutions.
Medical and Nursing Staffs.**

Name of Hospital or Institution.	Medical Officer (part-time)	Qualifications.	Number of Nursing Staff.
Settle	B. S. Hyslop	M.B., CH.B.	4
Skipton	W. H. Robinson	M.B., CH.B.	10
Great Ouseburn	J. M. Benson	M.B., CH.B.	2
Knaresborough	H. Steinbach	M.R.C.S., L.R.C.P.	16*
Ripon	R. Thomas	B.M., B.CH.	4
Tadcaster	J. P. Scatchard	M.B., B.S., M.R.C.S., L.R.C.P.	4
Wetherby	J. A. Hargreaves	M.B., C.M.	3
Otley	H. V. Horsfall	M.B., CH.B.	7
Keighley	T. L. Walker	M.B., CH.B.	43*
	Consultants—part time, called by M.O. as required:—		
	H. C. Ling	M.R.C.S., L.R.C.P.	
	W. H. G. M. Ling	F.R.C.S., L.R.C.P.	
Clayton, Bradford	W. Cunliffe	L.R.C.P., L.R.C.S.	34*
Todmorden	H. Thorp	M.B., CH.B., D.P.H.	8*
Batley	J. J. O'Reilly (whole-time resident)	M.B., F.R.C.S., D.P.H.	71*
	R. Herley (Ophthalmic Surgeon)	L.R.C.P., L.R.C.S.	
	J. W. Thomson	M.B., C.M.	38
Wakefield	J. B. Lyle (Visiting Physician)	M.D., CH.B., B.A.O.	
	L. T. Wells (Consultant for Ears, Eyes, Nose and Throat)	M.R.C.S., L.R.C.P.	
	M. Purdie (M.O., i/c U.V. Ray)	M.B., CH.B.	
Hemsworth	T. C. A. Sweetnam	M.D., B.CH., B.A.O.	12
Pontefract	G. Burnett	M.B., CH.B., F.R.C.S.	24*
Goole	A. M. Erskine	M.D., CH.B., B.A.O., D.P.H.	6
Selby	O. L. Scarborough	M.R.C.S., L.R.C.P.	6
Penistone	A. A. Masser	M.B., CH.B.	5
Grenoside	A. Anderson	M.B., C.M., D.P.H.	10
†Deanhouse	W. H. Smailes	M.D., CH.B., D.P.H.	19

/ * Includes Male Attendants.

† This Institution is leased from Huddersfield Corporation.

PART I.

GENERAL PUBLIC HEALTH.

Summary of Vital Statistics—1935.

AREA of Administrative County ... 1,625,058 acres for the year 1935.
 „ „ „ „ ... 1,618,420 acres from 1st April, 1936.

ESTIMATED RESIDENT POPULATION (Mid-Year 1935) ... 1,535,600
 (For purposes of Birth and Death Rates)

ENUMERATED POPULATION at 1931 Census ... 1,530,405

POPULATION at 1931 Census ... 1,522,785
 (Adjusted for the changes in boundary which took place on 1st April, 1936).

SANITARY DISTRICTS, 147, namely :—11 Boroughs.

(See Table folded in at page 18). 108 Urban Districts.

28 Rural Districts.

The Vital Statistics for the Administrative County for the decennia 1914-23 and 1924-33, and for the years 1934 and 1935 are summarised below :—

	Averages for 10 years :—			
	1914-23	1924-33	1934	1935
Birth Rate	21·3	17·6	15·2	15·0
(Per 1,000 estimated population.)				

Death Rates :—

(All per 1,000 estimated population).

All Causes	13·8	12·3	11·7	11·9
Smallpox	0·00	0·00	Nil.	Nil.
Enteric Fever	0·05	0·02	0·00	0·00
Scarlet Fever	0·03	0·02	0·05	0·03
Diphtheria	0·13	0·07	0·17	0·14
Measles	0·27	0·09	0·11	0·02
Whooping Cough	0·17	0·10	0·03	0·04
Zymotic Diseases (seven principal)	0·96	0·42	0·41	0·28
Phthisis	0·81	0·61	0·44	0·48
(Tuberculosis of Respiratory System.)				
Other Forms of Tuberculosis	0·35	0·21	0·12	0·10
Respiratory Diseases	2·50	1·78	1·16	1·13
Cancer	1·08	1·30	1·44	1·48
Heart Disease	1·45	2·05	2·66	2·87

Infantile Mortality ... 98 75 58 58
 (i.e., Number of deaths under one year per 1,000 live births.)

Diarrhoea ... 13·73 6·44 3·21 3·42
 (Deaths in infants under 2 years of age per 1,000 live births).

Maternal Mortality :—

(Deaths of mothers in childbirth per 1,000 live births).

Puerperal Sepsis	1·52	1·99	2·31	1·86
Other Causes	3·19	3·36	3·50	2·69
Total	4·71	5·35	5·81	4·55

Area and Population.

No change in the area of the Administrative County, or of any of the County Districts, was made in the year 1935.

It should be explained, however, that by the Doncaster, Rotherham and Wakefield Extension Order, 1936, 6,638 acres, with a population as at the 1931 Census of 7,620, was transferred on the 1st April, 1936, to the County Boroughs of Doncaster, Rotherham and Wakefield, also changes were made in the area of certain of the County Districts. The long table folded in at page 18 gives the areas as they were in the year 1935.

The following table shews the effect of the changes which took place on the 1st April, 1936:—

Administrative Area.	Area in acres.		Population, Census 1931.	
	Before Change.	After Change.	Before Change.	After Change.
Boroughs and Urban Districts	366,218	363,551	1,090,432	1,087,000
Rural Districts	1,258,840	1,254,869	439,973	435,785
Administrative County	1,625,058	1,618,420	1,530,405	1,522,785

The approximate excess of births over deaths in the Administrative County for the four years from mid-year 1931 to mid-year 1935 was 20,800, whilst the increase in the estimated resident population for the same period was 1,200. No changes in boundary took place during that four years, therefore it would appear that the Administrative County lost by migration a population of approximately 19,600.

Births.

The number of live births registered as belonging to the Administrative County Area during the year 1935 was 23,077, the sex division being 12,021 males and 11,056 females. This total is 316 less than the number recorded for the previous year. The crude live birth rate for the County was 15·0 per 1,000 of the estimated population, being 0·2 below the rate for 1934 and identical with that for 1933, which was the lowest birth rate recorded for the County. The rate for the whole of the Urban Districts was 14·4 per 1,000 and 16·4 per 1,000 for the Rural Districts of the County. The live birth rate for England and Wales for the year 1935 was 14·7 per 1,000.

Still births registered in the County during the year under review numbered 1,136, and illegitimate births 845.

The chart on the following page depicts the course of the birth rate in the County since 1901, and in the various tables in the statistical section of this Report valuable data from the administrative and social standpoint are given. Reference should be specially made to the long table folded in at page 18, in which are shown the total births and the birth rates for each Sanitary District in the County. In making a comparison of these local rates it should be pointed out that the figures represent the crude birth rates.

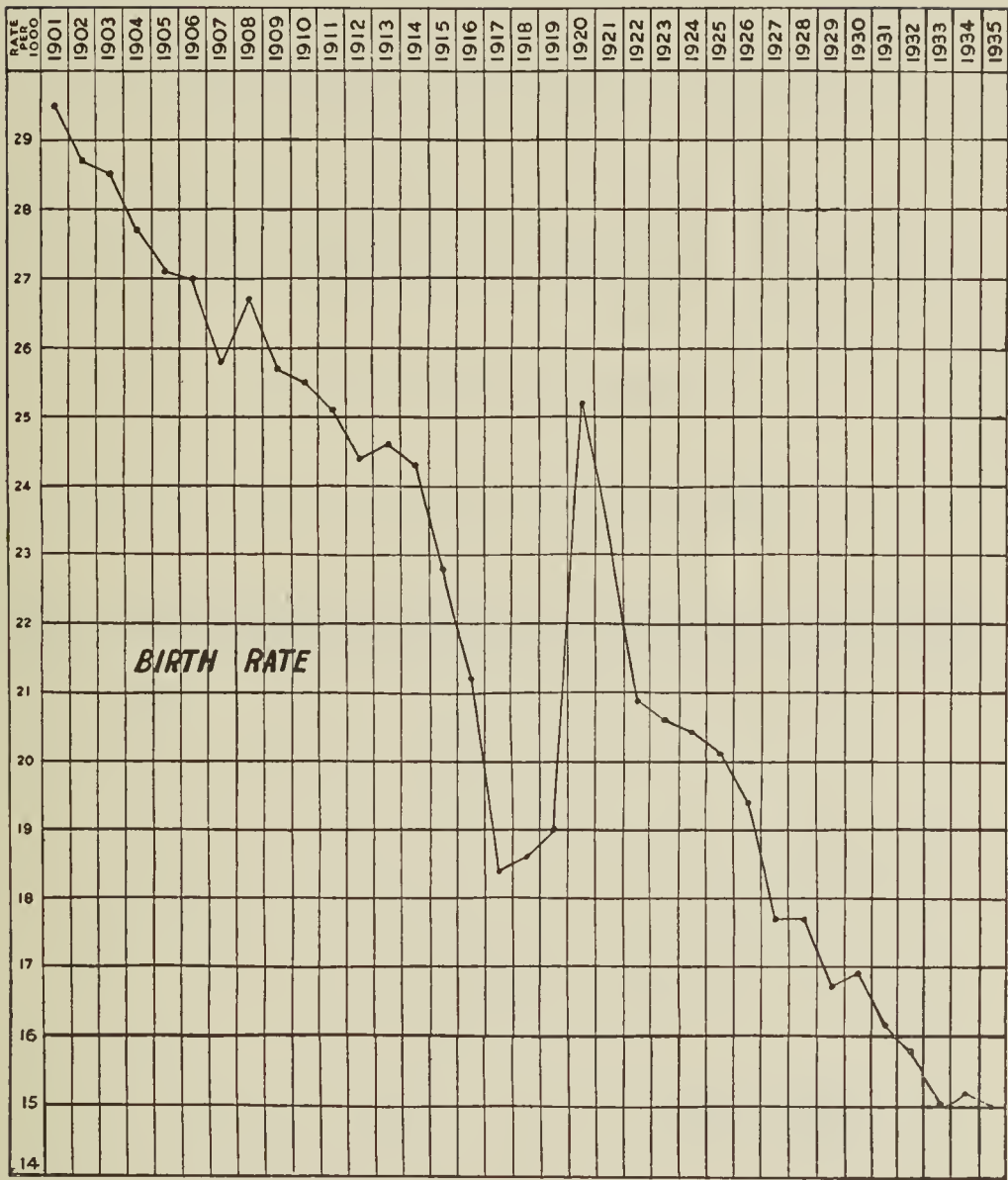
During the year 1935, the districts recording the highest birth rates were the following:—Adwick-le-Street, 19·5; Conisbrough, 21·3; Cudworth, 19·3; Darton, 19·2; Dodworth, 20·3; Featherstone, 19·0; Gildersome, 20·5; Hemsworth, 18·8; Knottingley, 21·2; Maltby, 22·9; Royston, 18·4; Thurnscoe, 22·3; Wath-upon-Deane, 19·5; Whitwood, 19·7; Wombwell, 18·2; Worsborough, 20·1; Barnsley R., 18·8; Hemsworth R., 21·0; Pontefract R., 18·6; Rotherham R., 20·0; Thorne R., 22·0.

The districts having the lowest birth rates were Barnoldswick, 9·8; Greetland, 11·0; Haworth, 10·5; Hebden Bridge, 9·3; Ilkley, 10·0; Linthwaite, 9·6; New Mill, 7·8; Oakworth, 10·6; Saddleworth, 10·3; Skelmanthorpe, 8·7; Slaithwaite, 10·6; Sowerby, 10·3; Soyland, 10·3; Springhead, 11·0; Todmorden B., 10·4; Thurstonland and Farnley Tyas, 8·4; Bowland R., 10·9; Ripon R., 10·7; Skipton R., 10·9.

It will be noted that the districts with the highest rates are associated with the mining industry, whilst those having the lowest rates are chiefly textile and agricultural areas.

West Riding Administrative County.

Birth Rate for the 35 years 1901—1935.



Deaths.

The nett deaths (excluding still-births) registered for the County Area during the year 1935 numbered 18,263 (males 9,334, females 8,929). This total corresponds to a rate of 11·9 per 1,000 of the estimated population, compared with a rate of 11·7 per 1,000 for the year 1934, and an average rate of 12·0 for the five years 1930-34. The Urban District death rate during the year 1935 was 12·5, and that for the Rural Districts 10·3 per 1,000. The death rate from all causes for England and Wales for the year under review was 11·7 per 1,000.

A detailed analysis of the death returns is given in the tables which follow, particularly the long table folded in at page 18, which shows the number of deaths and the death rates for every district in the Administrative County. Column 10 of this table gives the adjusted death rate. This rate is arrived at by the use of a factor which takes into account the age and sex distribution of the population of the district, and so enables an adjustment to be made of the crude death rate, the resultant figure providing a more reliable index for comparative purposes as between one district and another. An explanation of the adjusted death rate appeared in my Annual Report for 1934.

The statistics relating to the deaths of children under one year of age, maternal deaths, and the mortality from cancer and heart disease are dealt with in the following pages of this Report.

The following districts had the highest crude death rates during the year 1935:—Birkenshaw, 15·8; Farsley, 15·7; Greetland, 15·9; Hipperholme, 16·2; Honley, 15·3; Ilkley, 15·1; Linthwaite, 15·0; Slaithwaite, 15·5; Soyland, 16·9; Stainland, 15·7; Todmorden B., 16·3; Pateley Bridge R., 15·8; Todmorden R., 18·6.

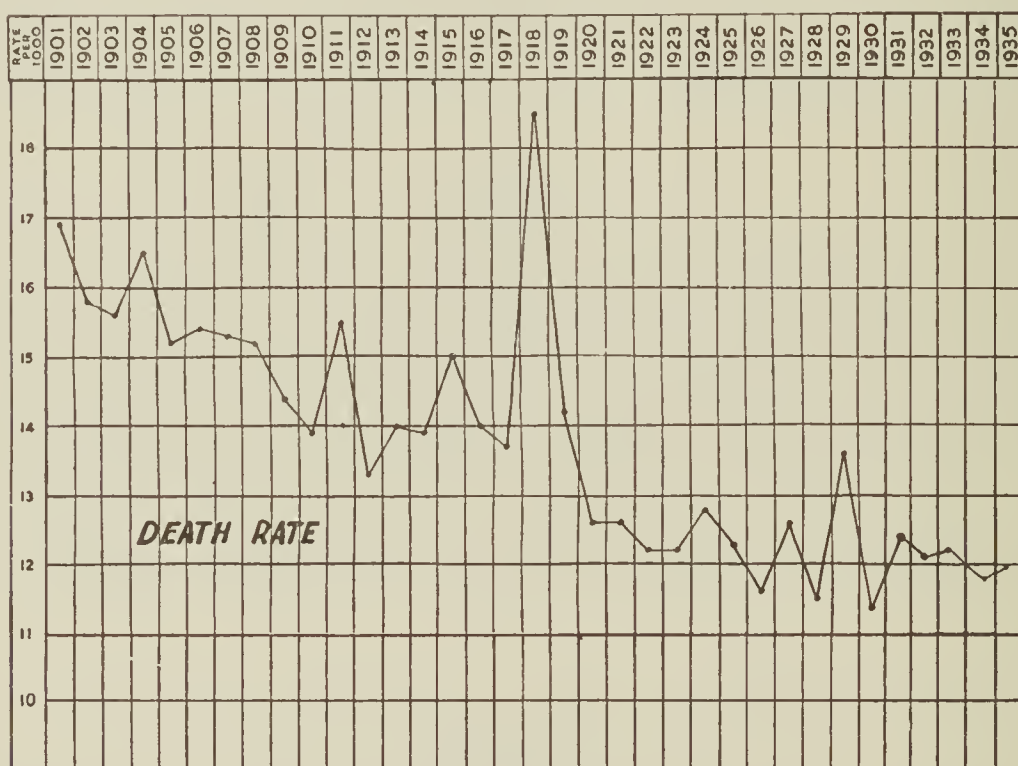
Those districts with the highest adjusted rates were:—Birkenshaw, 16·0; Birstall, 15·6; Darton, 15·6; Featherstone, 15·7; Honley, 15·6; Linthwaite, 16·6; Ossett B., 16·1; Slaithwaite, 15·5; Todmorden B., 15·5; Whitwood, 17·7; Todmorden R., 16·9.

The districts providing the lowest crude rates were:—Adwick-le-Street, 8·7; Altofts, 9·7; Bentley-w-Arksey, 9·5; Dodworth, 9·3; Maltby, 8·9; Mexborough, 10·0; Rawdon, 9·1; Royston, 8·9; Thurnscoe, 9·3; Wombwell, 9·5; Doncaster R., 8·0; Great Ouseburn R., 10·0; Hemsworth R., 9·4; Hunslet R., 8·1; Kiveton Park R., 8·5; Rotherham R., 9·6; Thorne R., 9·4; Wakefield R., 9·2.

The lowest adjusted death rates were:—Altofts, 10·8; Hebden Bridge, 10·5; Rawdon, 8·9; Ripon City, 10·1; Royston, 11·0; Bishopthorpe R., 9·7; Doncaster R., 10·6; Goole R., 9·8; Great Ouseburn R., 9·0; Hunslet R., 9·7; Kiveton Park R., 10·2; Knaresborough R., 9·9; Sedbergh R., 10·9; Settle R., 10·1; Wakefield R., 10·9.

West Riding Administrative County.

Death Rate for the 35 years 1901—1935.



Mortality at Different Ages from the Various Causes.

The following table shows the mortality, in age groups, from the various causes in the West Riding Administrative County during 1935.

CAUSES OF DEATH				AGE AT DEATH											
				Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and upwards	Total (net deaths)
1.	Typhoid and paratyphoid fevers	...	...	—	—	—	1	—	2	—	2	—	2	—	7
2.	Measles	...	...	13	10	7	6	—	—	—	—	—	—	1	37
3.	Scarlet fever	...	...	—	5	14	15	5	—	—	3	—	—	—	42
4.	Whooping Cough	...	...	28	15	9	2	—	—	—	—	—	—	—	54
5.	Diphtheria	...	...	3	9	53	132	3	3	2	—	2	2	—	209
6.	Influenza	...	...	10	2	7	6	14	10	30	43	62	46	60	290
7.	Encephalitis Lethargica	...	...	—	—	—	2	—	3	5	5	4	3	1	23
8.	Cerebro-spinal fever	...	...	6	4	5	10	4	3	2	2	1	—	—	37
9.	Poliomyelitis	...	...	—	—	—	—	1	—	—	—	—	—	—	1
10.	Polio-encephalitis	...	...	—	—	1	1	—	—	—	—	—	—	—	2
11.	Tuberculosis of respiratory system	...	...	4	4	5	13	135	166	131	124	106	41	5	734
12.	Other Tuberculous diseases	...	...	14	17	21	25	24	20	15	9	6	5	1	157
13.	Syphilis	...	...	5	—	1	2	1	2	2	11	8	2	—	34
14.	General paralysis of the insane, tabes dorsalis	...	...	—	—	—	—	—	3	11	15	14	8	1	52
15.	Cancer, malignant disease	...	...	1	2	3	6	13	38	144	337	637	723	369	2273
16.	Diabetes	...	...	—	—	—	7	6	4	14	20	97	123	41	312
17.	Cerebral hæmorrhage, etc.	...	...	—	—	—	1	1	5	26	72	239	483	409	1236
18.	Heart disease	...	...	1	1	1	26	62	74	115	328	860	1429	1516	4413
19.	Aneurysm	...	...	—	—	—	—	4	3	3	6	8	11	4	39
20.	Other circulatory diseases	...	...	1	—	—	—	—	2	8	37	153	378	453	1032
21.	Bronchitis	...	...	67	7	2	3	8	8	18	38	89	155	235	630
22.	Pneumonia (all forms)	...	...	197	72	58	33	42	53	64	97	113	124	80	933
23.	Other respiratory diseases	...	...	4	8	3	5	6	7	12	18	24	30	48	165
24.	Peptic ulcer	...	...	—	—	—	—	1	7	20	45	37	24	7	141
25.	Diarrhœa, etc.	...	...	65	14	11	4	1	6	6	3	8	12	14	144
26.	Appendicitis	...	...	—	—	7	20	11	14	7	18	12	9	7	105
27.	Cirrhosis of liver	...	...	—	—	—	—	—	—	5	16	13	6	1	41
28.	Other diseases of liver, etc.	...	...	—	—	2	—	1	5	6	19	42	47	30	152
29.	Other digestive diseases	...	...	24	6	6	16	20	17	25	38	71	75	49	347
30.	Acute and chronic nephritis	...	...	3	1	3	10	13	27	49	97	173	207	100	683
31.	Puerperal Sepsis	...	...	—	—	—	—	7	26	10	—	—	—	—	43
32.	Other puerperal causes	...	...	—	—	—	—	9	28	24	1	—	—	—	62
33.	Congenital debility, premature birth, malformations, etc.	...	...	771	3	5	6	3	2	—	1	—	—	—	791
34.	Senility	...	...	—	—	—	—	—	—	—	—	5	80	538	623
35.	Suicide	...	...	—	—	—	—	16	25	31	42	57	20	6	197
36.	Other violence	...	...	27	18	31	62	102	86	56	71	85	80	84	702
37.	Other defined diseases	...	...	85	19	34	78	90	107	123	207	272	305	188	1508
38.	Causes ill defined or unknown	...	...	1	—	—	—	1	—	—	—	1	5	4	12
ALL CAUSES				1330	217	289	492	604	756	964	1725	3199	4435	4252	18263
URBAN DISTRICTS:—				AGE AND SEX DISTRIBUTION OF THE NET DEATHS											
	Males	...	...	544	78	110	176	211	281	332	711	1373	1743	1348	6907
	Females	...	...	369	72	95	176	215	253	358	589	1081	1676	1799	6683
	Persons	...	...	913	150	205	352	426	534	690	1300	2454	3419	3147	13590
RURAL DISTRICTS:—															
	Males	...	...	234	37	51	80	120	107	125	211	392	534	536	2427
	Females	...	...	183	30	33	60	58	115	149	214	353	482	569	2246
	Persons	...	...	417	67	84	140	178	222	274	425	745	1016	1105	4673
WEST RIDING ADMINISTRATIVE COUNTY:—															
	Males	...	...	778	115	161	256	331	388	457	922	1765	2277	1884	9334
	Females	...	...	552	102	128	236	273	368	507	803	1434	2158	2368	8929
	Persons	...	...	1330	217	289	492	604	756	964	1725	3199	4435	4252	18263

West Riding Birth and Death Rates for Ten Years.

The following table shows the County Birth and Death Rates for the past 10 years:—

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Birth Rate ...	19.4	17.7	17.7	16.7	16.9	16.1	15.8	15.0	15.2	15.0
Death-rate ...	11.6	12.6	11.5	13.6	11.4	12.4	12.1	12.2	11.7	11.9
Infant Mortality* ...	73	79	62	89	65	74	70	70	58	58
Zymotic Death-rate ...	0.46	0.51	0.28	0.54	0.33	0.38	0.39	0.30	0.41	0.28
Death-rates from:—										
Small pox ...	Nil	0.01	0.01	0.00	0.00	Nil	Nil	Nil	Nil	Nil
Scarlet Fever ...	0.02	0.02	0.02	0.05	0.03	0.02	0.01	0.02	0.05	0.03
Diphtheria ...	0.06	0.04	0.06	0.08	0.09	0.10	0.08	0.08	0.17	0.14
Enteric Fever ...	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.01	0.00	0.00
Measles ...	0.05	0.21	0.05	0.10	0.06	0.11	0.10	0.03	0.11	0.02
Whooping Cough ...	0.16	0.11	0.04	0.18	0.05	0.05	0.09	0.07	0.03	0.04
Diarrhœa, &c.† ...	7.41	5.63	5.53	6.96	4.59	5.10	6.00	6.07	3.21	3.42
Respiratory Diseases ...	1.78	2.12	1.46	2.22	1.35	1.64	1.33	1.36	1.16	1.13
Phthisis ...	0.62	0.65	0.61	0.66	0.57	0.57	0.52	0.49	0.44	0.48
Other Tuberculous Diseases ...	0.22	0.21	0.22	0.21	0.20	0.16	0.17	0.14	0.12	0.10

* Deaths under one year per 1,000 births.

† Deaths under two years of age per 1,000 births.

Average Birth and Death Rates from 1915 to 1934.

The following table gives the average rates for quinquennial periods (compared with the rates for 1935) for the Urban and Rural Districts of the Administrative County, and for the Administrative County as a whole.

	Urban Districts					Rural Districts					Administrative County				
	Quinquennial Periods				Year 1935 for comparison	Quinquennial Periods				Year 1935 for comparison	Quinquennial Periods				Year 1935 for comparison
	1915-19	1920-24	1925-29	1930-34		1915-19	1920-24	1925-29	1930-34		1915-19	1920-24	1925-29	1930-34	
Birth Rate	18.9	21.3	17.3	15.0	14.4	22.5	24.4	21.0	17.9	16.4	19.8	22.1	18.3	15.8	15.0
*Infant Mortality ...	105	88	77	66	58	100	84	76	70	56	104	87	77	67	58
Death Rates:—															
All Causes	15.3	12.7	12.7	12.4	12.5	14.4	11.8	11.4	10.8	10.3	15.1	12.5	12.3	12.0	11.9
Zymotic Diseases ...	1.06	0.65	0.45	0.33	0.30	1.07	0.72	0.51	0.44	0.22	1.06	0.66	0.47	0.36	0.28
Smallpox	0.00	0.00	0.00	0.00	Nil	0.00	Nil	3.00	Nil	Nil	0.00	0.00	0.00	0.00	Nil
Scarlet Fever	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.03
Diphtheria	0.16	0.08	0.06	0.10	0.16	0.12	0.07	0.05	0.11	0.08	0.15	0.08	0.06	0.10	0.14
Enteric Fever	0.05	0.04	0.02	0.01	0.00	0.05	0.03	0.02	0.01	0.01	0.05	0.03	0.02	0.01	0.00
Measles	0.37	0.15	0.10	0.08	0.03	0.33	0.16	0.13	0.10	0.02	0.36	0.15	0.11	0.08	0.02
Whooping Cough...	0.18	0.12	0.12	0.05	0.04	0.18	0.15	0.14	0.08	0.03	0.18	0.13	0.13	0.06	0.04
Respiratory Diseases ...	2.88	2.29	1.99	1.40	1.17	2.66	2.02	1.84	1.28	1.01	2.82	2.22	1.95	1.37	1.13
Respiratory Tuberculosis ...	0.94	0.75	0.67	0.55	0.49	0.78	0.60	0.58	0.45	0.45	0.90	0.71	0.65	0.52	0.48
Other Tuberculous Diseases ...	0.41	0.29	0.23	0.16	0.10	0.35	0.26	0.22	0.17	0.11	0.39	0.28	0.23	0.16	0.10
Cancer	1.12	1.17	1.31	1.48	1.60	0.92	1.04	1.12	1.19	1.20	1.07	1.14	1.26	1.39	1.48
Heart Disease	1.55	1.51	1.93	2.66	3.09	1.35	1.30	1.56	2.06	2.36	1.50	1.45	1.83	2.48	2.87
†Diarrhoea (Deaths in children under 2 years of age) ...	13.11	10.98	6.91	4.35	3.32	14.42	11.45	6.57	6.31	3.64	13.45	11.11	6.81	4.99	3.42
†Maternal Mortality - Puerperal Sepsis ...	1.44	1.62	1.96	2.40	1.60	1.26	1.84	1.82	1.91	2.42	1.38	1.68	1.92	2.24	1.86
Other Causes	3.55	3.01	3.65	3.87	3.45	2.91	3.05	2.33	3.14	1.08	3.37	3.02	3.24	3.63	2.69
Total	4.99	4.63	5.61	6.27	5.05	4.17	4.89	4.15	5.05	3.50	4.75	4.70	5.16	5.87	4.55

* Deaths under one year per 1,000 live births.
† Deaths per 1,000 live births.

Urban and Rural Statistics for 1935.

These are set out below for the aggregate districts, and a comparison is afforded with the figures for England and Wales:—

Annual Rates per 1000 of the Estimated Population										Infant Mortality (Deaths under one year per 1000 Live Births)	Maternal Mortality (Deaths of Mothers in Childbirth per 1000 Live and Still-births)		Diarrhoea (Deaths under 2 years of age per 1000 live births)
	Live Birth-rate	Death rate	Zy-motic Death rate*	Phthi-sis Death rate	Other Tub. Dis-eases Death rate	Respira-tory Diseases Death rate†	Cancer	Heart and Cir-culatory Diseases	Puerperal Sepsis		Other Causes		
(1) Urban Districts in the West Riding ...	14.4	12.5	0.30	0.49	0.10	1.17	1.60	3.83	58	1.52	3.29	3.32	
(2) Rural Districts in the West Riding ...	16.4	10.3	0.22	0.45	0.11	1.01	1.20	2.94	56	2.31	1.03	3.64	
(3) WEST RIDING ADMINISTRATIVE COUNTY	15.0	11.9	0.28	0.48	0.10	1.13	1.48	3.57	58	1.78	2.56	3.42	
(4) <i>England & Wales</i> ...	14.7	11.7	§	0.61	0.11	§	1.59	§	57	1.61	2.32	5.7	

* Includes deaths from Diarrhoea, etc., under two years of age only.
† Deaths from Pneumonia, Bronchitis and other Respiratory Diseases; does not include Tuberculosis of the Respiratory System.
§ Figures not available at time of going to press.

Births, Deaths, Annual Rates, etc., 1935.

SANITARY DISTRICT.	AREA (Acres).	ESTIMATED POPULATION Mid-year 1935.	LIVE BIRTHS (Nett).	DEATHS (Nett).	Deaths under one year.	Still-births	Annual Rates per thousand of Estimated Population								Average Maternal Death-rate per 1,000 Live and Still-births for 5 years, 1930-34	Maternal Deaths in 1935	Maternal Death-rate per 1,000 Live and Still-births for 1935	Average Infant Mortality Rate 5 years, 1930-34.	Infant Mortality (Deaths under 1 year per 1,000 Live Births).	MEDICAL OFFICER OF HEALTH.
							Birth Rate	Nett Death-rate.	Adjusted Death-rate.	Zymotic Death Rate.	Phthisis Death Rate.	Other Tuberculous Diseases Death Rate.	Respiratory Death Rate.							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
I. URBAN.																				
Adwick-le-Street ...	3605	19650	384	171	31	30	19.5	8.7	13.0	0.41	0.41	0.20	1.17	2.63	1	2.42	72	81	A. B. Dunne.	
Altofts ...	1838	4734	63	46	—	5	13.3	9.7	10.8	—	0.63	—	0.85	2.53	—	—	55	—	H. Scholefield.	
Ardley, East and West ...	4017	9485	156	108	4	11	16.4	11.4	13.4	0.32	0.32	—	1.37	15.41	1	5.99	66	26	B. G. Ewing.	
Baildon ...	2606	9675	129	126	7	5	13.3	13.0	13.0	0.31	0.72	—	1.14	1.67	1	7.46	56	54	E. G. Firth.	
Barkisland ...	2424	1413	11	24	1	1	7.8	17.0	16.8	—	—	0.71	1.42	—	—	—	78	91	A. J. W. Stephen.	
Barnoldswick ...	2764	11070	108	161	8	4	9.8	14.5	15.0	0.09	0.27	—	0.99	6.03	2	17.86	46	74	H. C. Alderton.	
Batley M.B. ...	3227	33610	441	454	22	24	13.1	13.5	14.5	0.24	0.33	0.06	1.43	6.69	1	2.15	56	50	G. H. Pearce.	
Bentley-with-Arksey ...	5128	16860	279	160	18	15	16.5	9.5	13.2	0.18	0.59	0.06	0.77	4.48	3	10.21	77	65	A. B. Dunne.	
Bingley ...	11675	21660	297	296	16	12	13.7	13.7	13.0	0.32	0.74	0.18	0.83	4.20	—	—	57	54	O. T. Wade.	
Birkenshaw ...	924	3165	47	50	5	1	14.8	15.8	16.0	—	—	—	1.58	9.85	—	—	73	106	J. G. Bremner.	
Birstall ...	1234	7051	89	104	4	5	12.6	14.7	15.6	—	0.14	—	2.27	3.78	—	—	69	45	A. Dick.	
Bolton-upon-Dearne ...	2325	13670	241	144	11	8	17.6	10.5	14.2	0.59	0.80	0.07	1.61	6.95	1	4.02	81	46	J. W. K. Morris.	
Brighouse M.B. ...	2231	19510	237	247	9	21	12.1	12.7	12.7	0.05	0.56	0.10	1.12	8.31	1	3.88	68	38	R. Sutherland.	
*Burley-in-Wharfedale ...	3136	4011	42	43	1	2	11.1	11.4	11.4	—	*0.26	—	*0.79	4.07	—	—	56	24	H. T. Bates.	
Calverley ...	2106	4020	45	49	3	4	11.2	12.2	11.3	—	—	—	0.75	4.61	—	—	48	67	N. A. A. Hughes.	
Castleford ...	564	20670	339	266	17	16	16.4	12.9	15.1	0.53	1.02	0.19	1.31	7.50	—	—	69	50	W. Kemp.	
Clayton West ...	1142	1766	19	24	2	2	10.8	13.6	14.1	—	—	—	1.70	—	—	—	58	105	R. N. Farrer.	
Conisbrough ...	1593	17620	375	178	27	21	21.3	10.1	13.2	0.62	0.40	—	1.59	6.53	1	2.53	90	72	J. McArthur.	
Cudworth ...	1746	9361	181	95	17	4	19.3	10.2	13.6	0.53	0.53	—	0.53	6.50	2	10.81	73	94	J. L. Elliott.	
Darfield ...	2018	5369	86	57	5	5	16.0	10.6	12.3	0.19	0.37	—	0.56	10.22	—	—	74	58	J. W. Whitworth	
Darton ...	4361	13330	256	168	26	18	19.2	12.6	15.6	0.30	0.75	—	1.05	9.64	3	10.95	61	102	R. Millar.	
Denby and Cumberworth ...	4302	3349	43	40	4	—	12.8	11.9	12.2	0.30	0.30	—	2.09	—	—	—	60	93	G. H. Arnison.	
Denholme ...	2536	2547	28	36	1	1	11.0	14.1	12.1	—	0.39	—	0.39	6.25	—	—	75	36	D. W. N. Blackmore	
Dodworth ...	1917	4192	85	39	2	4	20.3	9.3	11.6	0.48	—	—	1.43	6.01	—	—	85	24	G. Horne.	
Drighlington ...	1135	4115	69	48	3	6	16.8	11.7	11.5	0.49	0.49	—	0.97	3.05	2	26.67	61	43	W. S. Sykes.	
Earby ...	3519	5053	69	65	2	5	13.7	12.9	14.2	—	0.20	—	0.79	6.27	—	—	65	29	A. Falconer.	
Elland ...	1994	10430	128	155	5	6	12.3	14.9	14.7	—	0.48	0.10	1.05	3.37	1	7.46	59	39	R. N. Denning.	
Emley ...	3556	1550	10	18	—	1	6.5	11.6	12.8	—	0.65	—	1.29	12.19	—	—	41	—	J. A. Smith.	
Farsley ...	821	6566	83	103	12	2	12.6	15.7	15.4	0.46	0.15	—	1.07	5.60	1	11.77	75	145	T. H. Elmer.	
Featherstone ...	4431	14440	274	187	17	12	19.0	13.0	15.7	0.28	0.62	0.35	2.15	4.62	1	3.50	77	62	W. Steven.	
Flockton ...	1108	1470	12	15	1	—	8.2	10.2	12.7	0.68	0.68	—	0.68	9.26	—	—	29	83	J. A. Smith.	
Garforth ...	1519	3650	58	39	2	2	15.9	10.7	11.0	0.55	0.27	—	0.82	—	—	—	98	34	C. C. Hargreaves.	
Gildersome ...	992	3178	65	46	3	1	20.5	14.5	14.9	—	0.31	0.31	1.57	4.81	2	30.30	95	46	W. S. Sykes.	
Golcar ...	1593	9604	115	121	10	5	12.0	12.6	13.1	0.52	0.31	—	1.25	8.88	—	—	56	87	R. T. E. Naismith.	
Goole M.B. ...	1267	20060	321	239	17	15	16.0	11.9	12.7	0.30	0.75	0.20	1.10	4.91	—	—	68	53	A. M. Erskine.	
Greensbrough ...	*2413	3733	53	43	4	3	14.2	11.5	12.7	0.54	0.27	—	0.80	10.03	1	17.86	49	75	F. C. Collinson.	
Greetland ...	626	4349	48	69	1	2	11.0	15.9	15.2	—	0.92	0.23	0.23	—	1	20.00	59	21	F. Clegg.	
Guiseley ...	1555	5782	74	78	10	9	12.8	13.5	14.0	0.35	0.52	0.17	1.90	2.30	—	—	58	135	A. J. I. Muschamp	
Gunthwaite & Ingthwaite ...	2057	309	2	6	—	—	6.5	19.4	21.0	—	—	—	—	52.63	—	—	56	—	G. H. Arnison.	
Harrogate M.B. ...	3277	39270	457	544	28	12	11.6	13.9	11.6	0.13	0.38	0.08	1.02	3.75	5	10.66	50	61	J. Mair.	
Haworth ...	2337	5626	59	72	4	2	10.5	12.8	11.8	—	0.71	—	0.18	15.38	—	—	66	68	W. Scatterly.	
Hebden Bridge ...	476	6122	57	69	3	2	9.3	11.3	10.5	—	0.33	0.16	0.82	2.96	1	16.95	29	53	F. J. Dowdall.	
Heckmondwike ...	696	8948	121	128	5	2	13.5	14.3	14.3	0.11	0.11	0.22	0.89	7.78	2	16.26	67	41	G. H. Pearce.	
Hemsworth ...	4163	13070	246	136	17	14	18.8	10.4	12.6	0.54	0.84	—	1.22	4.46	1	3.85	65	69	M. B. Taylor.	

Causes of Death, 1935.

DEATHS FROM SUBJOINED CAUSES.																																					
SANITARY DISTRICT.																																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
I. URBAN.																																					
Adwick-le-Street					4	6			8	4			22	1	5	27		3	9	13	1			4			2	5	9	1		15	3	1	14	14	
Altofts									3				6		1	13		3	2	1	1						1	3	2			5	1	2	3	4	
Ardley, East and West			1						7				11	1	7	21		13	7	3	3						1	3	2			5	3	1	6	9	
Baldon				1									16		5	25	1	10	4	4	3						1	4	5			6	12	2	4	2	1
Barkisland													6		1	3	6		14	4	6		3	1			2	2	7	1	1	5	8	4	1	16	
Barnoldswick									3				17	3	18	40		14	4	6	1	3		1			2	2	7	1	1	5	5	3	13	30	
Batley M.B.		2	1		5	4		1	11	2		1	65	5	37	136		33	25	19	4	4		2		2	3	6	15	2		13	13	2	11	19	
Bentley-with-Arksey									10	1	1	2	20	3	7	36	1	7	2	11	2	11		2			4	4	5			12	10	1	6	21	5
Bingley			1	1	3	6	1	1	16	4	1		37	7	24	105		8	7	9	2	1	3		2	1	4	12	3			4	6	1	5	10	
Birkenshaw									1				12	2	9	24	1	9	7	4	5		2				5	2				5	4	2	3	2	10
Birstall													12	2	9	24	1	9	7	4	5		2				5	2				5	4	2	3	2	10
Bolton-upon-Dearne		1	3			3	2	2	11	1	2	2	17	3	15	25		34	6	10	4	1	3		1	2	3	4	8			6	9	7	5	23	
Brighouse M.B.						3	1		11	2		1	38	4	7	54	1	34	6	14	2	2					3	4	8			1	6	9	7	5	23
Burley-in-Wharfedale									1				14	2	1	11		1	1	3		2					1	2				2	10		2	4	4
Calverley													6	1	4	13		1	3								1	2				1	2	10		4	4
Castleford		1	1	3	5	7		1	21	4		1	35	2	9	80	1	14	12	14	1	2	1				4	6				8	6	1	10	14	1
Clayton West									7				21	1	12	29		7	14	14	1	3	1	1	1	1	1	8	3	1	11	2	2	15	11		
Conisbrough		6	1		1	4		1	7				11	1	5	20		4	10	1	1	3		1	1	1	1	1	2	1	1	9	2	1	4	9	
Cudworth				1	3	2			5				17	4	1	5	20		2	3		2	1				3	2	2			1	3	3	6		
Darfield						1			2				17	4	1	7		2	3		3						3	2	2			1	3	3	6		
Darton				2	2	6			10			1	10	3	10	36	1	7	7	2	12		1				2	6	2			18	5	2	16	8	
Denby and Cumberworth									1				2	2	2	5	8		3	1							2	1	1			1	3	1	1	4	
Denholme									1				2	2	1	2	7		3	3	3						1	1	3			—	1	1	3	6	
Dodworth						1			2		1		1	5	2	6	5		4	2	2					1	1	1	2			3	2	2	1	3	
Drighlington				2					2				1	8	1	6	21		1	1	2	1	1				5	12	1	2		3	2	2	2	9	
Earby					1				1				25	3	6	39	1	8	6	5		2					2	5				4	8		6	12	
Elland									5	1		1	25	3	6	39	1	8	6	5		2					2	5				4	8		6	12	
Emley					3	2			1			1	9		1	4	33		1	5	1	1	2		1	1	1	4	1		12	5		3	6		
Farsley									9	5		1	24	3	5	40		7	12	18	1			1	2		1	1			8	16	3	4	14		
Featherstone		3			4		1		9	5		1	24	3	5	40		7	12	18	1			1	2		1	1			8	16	3	4	14		
Flockton					1	1			1				5	1	2	5		2	1	2		2					1	1			1	1	7	1	4	2	
Garforth			1		1				1		1		5	1	2	5		2	1	2		2					1	1			2	5		1	4	2	
Gildersome									1				6		3	9	1	1	3	2							1	3	1	1	2	5		1	3	3	
Golcar					5	2			3				10	3	7	24		5	2	9	1	1					4	6			6	10	6	3	14		
Goole M.B.			1		5	2			15	4		1	32	2	16	56		13	8	14		5					1	5	8			12	12	6	9	12	
Greasbrough			1	1					4	1			16	3	3	14	1	4	1		1						1	1	1			2		1	5	3	
Greetland					2				4	1			16	3	3	14	1	4	1		1						1	1	1			7	1	2	1	4	
Guseley		1		1		3			3	1			14	3	4	14		5	4	5	2					1	1				7	1	1	2	1	4	
Gunthwaite & Ingirchworth									1				1		1																	1	1	1	1	4	
Harrogate M.B.		1			2	9	1		15	3	1		84	12	46	123	1	55	15	18	7	5	2		8	3	3	14			16	5	5	17	46	1	
Haworth					1	1			4				7	3	9	26		5	1	2	3						1	2	3			3	2	1	8		
Hebden Bridge					1	1			2	1			11	2	2	16		6	2	3							1	2	3			1	2	1	3	7	
Heckmondwike				1		1	1		1	2			25	3	6	31	1	9	3	4	1	1			1	3		2	9	1	1	5	2	4	10		
Hemsworth				1	5	5		1	11			1	19	1	4	23	1	3	6	10	5			2			1	1	2			4	1	2	4	8	
Hipperholme											1		15		4	31		7		5							1	1	2			1	2	4	8		
Holme						1			2				2		2	2											1	2									
Holmfirth		1				1			1	2			23	2	7	27		11	3	3		3			1	2	2	2	6			4	1	1	5	9	
Honley				1					2			1	7	2	9	21		3	5	1	1						2	2				2	2	3	2	4	
Horbury									3	3	1		17	3	6	31		10	2	4	1						2	2	5			2	1	2	3	10	
Horsforth				2					8	2		1	27	2	16	29	1	11	5	5	2	2				3	3	4			1	1	1	1	7	11	
Hoyland Nether				1	2	8		1	8	3			20	3	10	33	3	13	8	10	1	3	1				3	3	1	1	3	5	3	7	14		
Hoylandswaine						1							1		1	4		1	1								1	2				2	2	2	1	4	
Hunsworth													3		1	4		1	1								1	2				2	2	2	1	4	
Ilkley				2		1			4	1	1		26	4	9	33		12	5	4	1						1	2	5	2		4	2	5	2	16	
Keighley M.B.				2	5	2		1	20	4	1	2	77	10	45	180	3	15	33	34	4	3	1	3		1	13	29	3	1	21	7	6	14	39		
Kirkburton									1				5	1	1	13		4	2	2							1	1	2			1	2	1	3	7	
Kirkheaton									2				2	3		10		6	1	3							1	2				1	1	4	3		
Knaresborough		1		1					2	1			12		10	20		1	3		1	3					1	2			2	5	1	4	7		
Knottingley		2		1	2	1			1				14	1	3	19	1	2	5	6	1						1	1	2			7	6	5	1		
Lepton													6		1	15		3	1		3						1										

Mortality from Cancer.

The table below gives the number of deaths and death rates from cancer in the years 1925 to 1935:—

Year.	West Riding Administrative County.						England and Wales Death Rate.	Proportion of deaths from cancer per 1,000 total deaths from all causes.	
	Total No. of Deaths.			Death rate per 1,000 of population.				W. R. Admin. County	England and Wales
	Urban	Rural	County	Urban	Rural	County			
1925	1,432	439	1,871	1·26	1·11	1·22	1·34	99	110
1926	1,453	467	1,920	1·27	1·13	1·24	1·36	106	117
1927	1,466	478	1,944	1·34	1·13	1·28	1·38	101	111
1928	1,476	483	1,959	1·35	1·13	1·29	1·43	112	122
1929	1,495	465	1,960	1·36	1·08	1·28	1·44	95	107
Average for 5 years 1925 - 1929	1,464	466	1,931	1·31	1·12	1·26	1·39	102	113
1930	1,522	512	2,034	1·39	1·17	1·33	1·45	116	127
1931	1,538	496	2,034	1·40	1·12	1·32	1·48	107	121
1932	1,658	587	2,245	1·52	1·32	1·46	1·51	121	125
1933	1,652	526	2,178	1·52	1·17	1·42	1·53	116	124
1934	1,689	518	2,207	1·56	1·15	1·44	1·56	123	132
Average for 5 years 1930 - 1934	1,612	528	2,140	1·48	1·19	1·39	1·51	117	126
1935	1,733	540	2,273	1·60	1·20	1·48	1·59	124	?

CANCER.

Mortality per 100,000 living at different ages in the West Riding Administrative County in the years 1911-20, 1921-30, 1931-34, and 1935.

AGES.	URBAN DISTRICTS.				RURAL DISTRICTS.				ADMINISTRATIVE COUNTY.			
	1911-20	1921-30	1931-34	1935	1911-20	1921-30	1931-34	1935	1911-20	1921-30	1931-34	1935
MALES.												
Under 15 years ...	2	2	3	3	2	4	2	—	2	3	3	2
15 and under 25 years ...	4	5	3	11	4	3	4	3	4	4	3	8
25 and under 45 years ...	27	24	26	27	22	22	20	22	26	23	24	26
45 and under 65 years ...	256	267	290	285	206	230	232	241	244	258	274	272
65 and upwards ...	832	931	1,125	1,191	712	891	1,004	834	798	920	1,090	1,087
All ages. ...	95	115	141	152	80	100	109	105	91	110	131	137
FEMALES.												
Under 15 years ...	2	2	2	2	2	2	2	8	2	2	2	4
15 and under 25 years ...	3	4	3	1	2	5	3	6	3	5	3	3
25 and under 45 years ...	40	45	44	53	34	43	44	43	39	44	44	50
45 and under 65 years ...	326	305	316	314	294	286	279	276	319	301	306	304
65 and upwards ...	862	901	999	996	716	867	939	901	826	893	984	973
All ages. ...	117	138	158	168	98	122	129	135	112	134	150	158

Several features worthy of note emerge on a study of the figures in the above table.

In the age-groups 25-45 and 45-65, it will be seen that the mortality from cancer is greater among females than males in most instances. This can be ascribed to the susceptibility of females between the ages of about 25 to 55 to cancer of the breast or of the uterus. With a few exceptions the mortality from other forms of cancer is higher in males than in females.

The death rates for the Urban Districts are higher than those for the Rural Districts. This feature is evident throughout England and Wales, for, generally speaking, the cancer mortality rates are at the maximum in the County Boroughs where urbanisation is greatest, and decline to the minimum in the Rural Districts. The Registrar General in his Statistical Review for 1933 says, "These relations suggest that cancer may be more often certified in the towns because hospital and other facilities for its recognition are there greatest, but successful treatment, particularly of cancer of the breast and uterus, in so far as it reduces mortality, tends to affect the rates in the opposite sense."

Mortality from Heart Disease.

The table below gives the number of deaths and death rates from diseases of the heart in the years 1925 to 1935:—

Year.	West Riding Administrative County						England and Wales Death Rate.	Proportion of deaths from Heart Disease per 1,000 total deaths from all causes	
	Total No. of Deaths.			Death rate per 1,000 of population.				W. R. Admin. County	England and Wales
	Urban	Rural	County	Urban	Rural	County			
1925	1,868	560	2,428	1·64	1·42	1·58	1·65	128	135
1926	1,877	563	2,440	1·64	1·37	1·57	1·65	135	142
1927	2,102	642	2,744	1·92	1·52	1·81	1·84	143	148
1928	2,231	669	2,900	2·04	1·56	1·90	1·95	165	167
1929	2,661	830	3,491	2·42	1·94	2·28	2·44	168	181
Average for 5 years 1925-1929.	2,148	653	2,801	1·93	1·56	1·83	1·91	148	156
1930	2,542	865	3,407	2·32	1·98	2·22	2·26	195	198
1931	2,841	876	3,717	2·59	1·97	2·41	2·54	195	206
1932	3,007	915	3,922	2·76	2·05	2·55	2·56	212	212
1933	3,032	925	3,957	2·79	2·06	2·58	2·68	211	218
1934	3,085	997	4,082	2·84	2·22	2·66	2·69	227	228
Average for 5 years 1930-1934.	2,901	916	3,817	2·66	2·06	2·48	2·55	208	213
1935	3,348	1,065	4,413	3·09	2·36	2·87	?	242	?

HEART DISEASE.

Mortality per 100,000 living at different ages in the West Riding Administrative County in the years 1911-20, 1921-30, 1931-34, and 1935.

AGES.	URBAN DISTRICTS.				RURAL DISTRICTS.				ADMINISTRATIVE COUNTY.			
	1911-20	1921-30	1931-34	1935	1911-20	1921-30	1931-34	1935	1911-20	1921-30	1931-34	1935
MALES.												
Under 15 years	13	9	9	10	11	8	9	11	12	8	9	10
15 and under 25 years ...	30	21	23	23	21	18	21	16	28	20	22	21
25 and under 45 years ...	56	44	42	37	46	38	28	32	53	42	38	35
45 and under 65 years ...	325	279	389	438	265	217	290	347	310	277	361	412
65 and upwards	1,446	1,666	2,784	3,006	1,201	1,585	2,357	2,631	1,376	1,662	2,662	2,897
All ages.	152	166	273	310	127	144	204	244	146	165	252	290
FEMALES.												
Under 15 years	15	11	10	3	8	10	10	8	13	11	10	5
15 and under 25 years ...	26	24	31	35	30	27	26	25	27	23	29	32
25 and under 45 years ...	61	48	54	40	49	44	46	56	58	48	52	44
45 and under 65 years ...	309	265	303	297	265	233	249	300	299	264	289	297
65 and upwards	1,406	1,669	2,524	2,849	1,230	1,574	2,221	2,080	1,362	1,667	2,446	2,654
All ages.	157	183	275	308	132	162	212	229	151	182	258	285

The increase in the mortality rates from diseases of the heart requires some explanation. In the above table it will be seen that the increase has taken place chiefly in the rates for the age-group 65 and upwards, and this in a large measure is because of the rapid increase in the number of deaths certified as being due to senile myocarditis (or heart disease in old age).

Infant Mortality.

The infant mortality rate of 58 for the West Riding Administrative County for 1935 is the same as that for 1934, which was, however, by far the lowest rate of infant mortality ever recorded for the County. There is no doubt that the rate for 1935 would have been lower, but the unusually wet and unsettled weather in the last quarter of the year brought about an increase in the deaths of infants from respiratory ailments which was sufficient to counterbalance the decrease in deaths from other causes.

The following table shows the trend of mortality of infants under one year of age in the Administrative County and in England and Wales, and it will be seen that the rate for 1935 is less than half that of the decade 1901-1910. The number of deaths of infants under one year of age actually recorded in 1935 was 1,330, but if the mortality rate observed over the decade 1901-1910 still prevailed the number would have been 2,955.

PERIOD	West Riding Administrative County.		Infant Mortality (Deaths of infants under one year of age, per 1,000 live births)	
	Number of Live Births	Number of Deaths of Infants under one year of age	West Riding Administrative County	England and Wales
Averages for the 10 years :—				
1901-1910	40,449	5,443	135	128
1911-1920	34,326	3,735	109	100
1921-1930	29,491	2,352	80	72
Actual numbers and rates for the years :—				
1931	24,900	1,835	74	66
1932	24,319	1,692	70	65
1933	23,084	1,615	70	64
1934	23,393	1,347	58	59
1935	23,077	1,330	58	57

An examination of the table on page 25 headed "Causes of Infant Mortality in the years 1912-35" shows that a decrease in the mortality has taken place in connection with practically every cause. The most spectacular reduction is shown by the infant death rate from diarrhoea. This decrease has been brought about by a combination of such factors as the improvement in environmental conditions brought about by the increasing use of the water-carriage system, the more efficient removal of refuse, and the improvement in hygiene and sanitation generally, cleaner milk and more efficient mothercraft.

The mortality from the respiratory diseases (bronchitis, pneumonia, etc.) has also decreased, but the varying climatic conditions experienced from year to year bring about fluctuations in the number of deaths from this group of causes, nevertheless there is no doubt that many cases die due to the lack of timely medical attention and skilled nursing.

It will be noted from the table on page 25 that the infant mortality rate in the Administrative County from congenital debility, malformations, and premature birth, etc., has remained almost constant at 32 to 35 per thousand births. In the ten years 1921-30, of every thousand deaths of infants, 417 were due to congenital debility, malformations, premature birth, etc., but the corresponding figure for the two years 1934 and 1935 is 586.

The incidence of some of these causes is due in part to circumstances of a sociological and clinical nature which are not so readily discernible, or so amenable as other causes, such as diarrhoea, to preventive measures.

In the long table which is folded in at page 18, is shown the infantile mortality rate in each Urban and Rural District both for the year 1935 and the five years 1930-1934.

A list of districts with the lowest and highest infantile mortality rates in 1935 is shown below. Districts with less than 250 births have been excluded, because in those districts each infant death has such a disproportionate effect on the infant mortality rate, for instance, one infant death in a district with 100 births increases the infant death rate by 10.

Districts with the lowest infant mortality rates in 1935 :—

BOROUGHES AND URBAN DISTRICTS.

Batley B.	...	...	50
Brighouse B.	...	...	38
Castleford	...	...	50
Mexborough	...	...	44
Pontefract B.	...	...	50
Spenborough	...	...	40
Wombwell	...	...	49

RURAL DISTRICTS.

Tadcaster	...	...	48
Wortley	...	...	42

Districts with the highest infant mortality rates in 1935:—

BOROUGH AND URBAN DISTRICTS.

Adwick-le-Street	...	81
Bentley-with-Arksey	...	65
Conisbrough	...	72
Darton	...	102
Hemsworth	...	69
Keighley B.	...	81
Maltby	...	97
Shipley	...	71
Thurnscoe	...	79
Wath-upon-Deane	...	72

RURAL DISTRICTS.

Pontefract	...	...	78
Thorne	...	...	84

Below are given lists of districts with the lowest and highest average infantile mortality rates for the quinquennium 1930-1934. These rates are more satisfactory for comparison as, in most districts, the number of births for such a period is large enough to reduce the afore-mentioned disproportionate effect on the rate of a single infant death. The names are shown in italics of those districts where the number of births, even for five years, is still small.

Districts with the lowest average infant mortality rate for the five years 1930-1934:—

BOROUGH AND URBAN DISTRICTS.

Barnoldswick	...	46
<i>Calverley</i>	...	48
<i>Emley</i>	...	41
<i>Flockton</i>	...	29
Greasbrough	...	49
Harrogate B.	...	50
Hebden Bridge	...	29
Hipperholme	...	50
<i>Hoylandswaine</i>	...	48
Horsforth	...	45
Ilkley	...	41
<i>Kirkheaton</i>	...	49
Knaresborough	...	39
<i>Luddenden Foot</i>	...	40
Marsden	...	47
Meltham	...	34
<i>Mytholmroyd</i>	...	50
Ossett B.	...	50
<i>Oxenhope</i>	...	41
<i>Penistone</i>	...	41
<i>Rishworth</i>	...	40
Slaithwaite	...	46
<i>Soyland</i>	...	19
Todmorden B.	...	50

RURAL DISTRICTS.

<i>Bishopthorpe</i>	...	45
Great Ouseburn	...	50
Knaresborough	...	48
Penistone	...	46
Ripon	...	49
Selby	...	38
Settle	...	49
Wetherby	...	44

Districts with the highest average infantile mortality rates for the five years 1930-1934:—

DISTRICT.	Infant Mortality Rate		Causes of deaths per 1,000 live births in the five years 1930-34.			
	Year 1935	Average for five years 1930-34	Congenital Debility, Premature Birth, Mal- formations, etc.	Bronchitis, Pneumonia, other Respiratory Diseases	Diarrhœa, etc.	Other Causes
Bolton-upon-Dearne	46	81	43.3	19.1	1.5	16.9
Conisbrough	72	90	35.2	Figures not shown in Annual Report		
Dodworth	24	85	55.0	do.	do.	do.
Garforth	34	98	40.7	do.	do.	do.
Gildersome	46	95	50.0	do.	do.	do.
Horbury	46	108	63.0	17.7	2.0	25.6
Maltby	97	90	43.9	28.0	8.3	9.8
Methley	31	86	32.3	Figures not shown in Annual Report		
New Mill	152	85	59.3	12.7	—	12.7
South Crosland	68	81	50.8	Figures not shown in Annual Report		
Thurlstone	83	86	59.2	do.	do.	do.
Thurnscoe	79	98	43.0	do.	do.	do.
Whitwood	80	82	43.4	do.	do.	do.
Yeadon	103	81	42.6	do.	do.	do.
Rotherham R.	64	79	37.1	17.7	6.4	17.5
Thorne R.	84	91	44.7	Figures not shown in Annual Report		
Wakefield R.	51	83	33.5	11.9	0.6	37.0
Administrative County for comparison	58	67	34.6	14.0	4.3	14.3

It will be noted that the infant death rate from congenital debility, premature birth, malformations, etc., for the five years 1930-34, is much higher in some of the districts than the rate for the Administrative County as a whole.

The infant mortality rate in most of the above mentioned districts has not remained consistently high year after year. There have been years when the rate has been low, indeed, a number have low rates for 1935. In the past, similar low rates have been nullified by correspondingly higher rates in other years. In a few, however, there is evidence that a lower trend is probable.

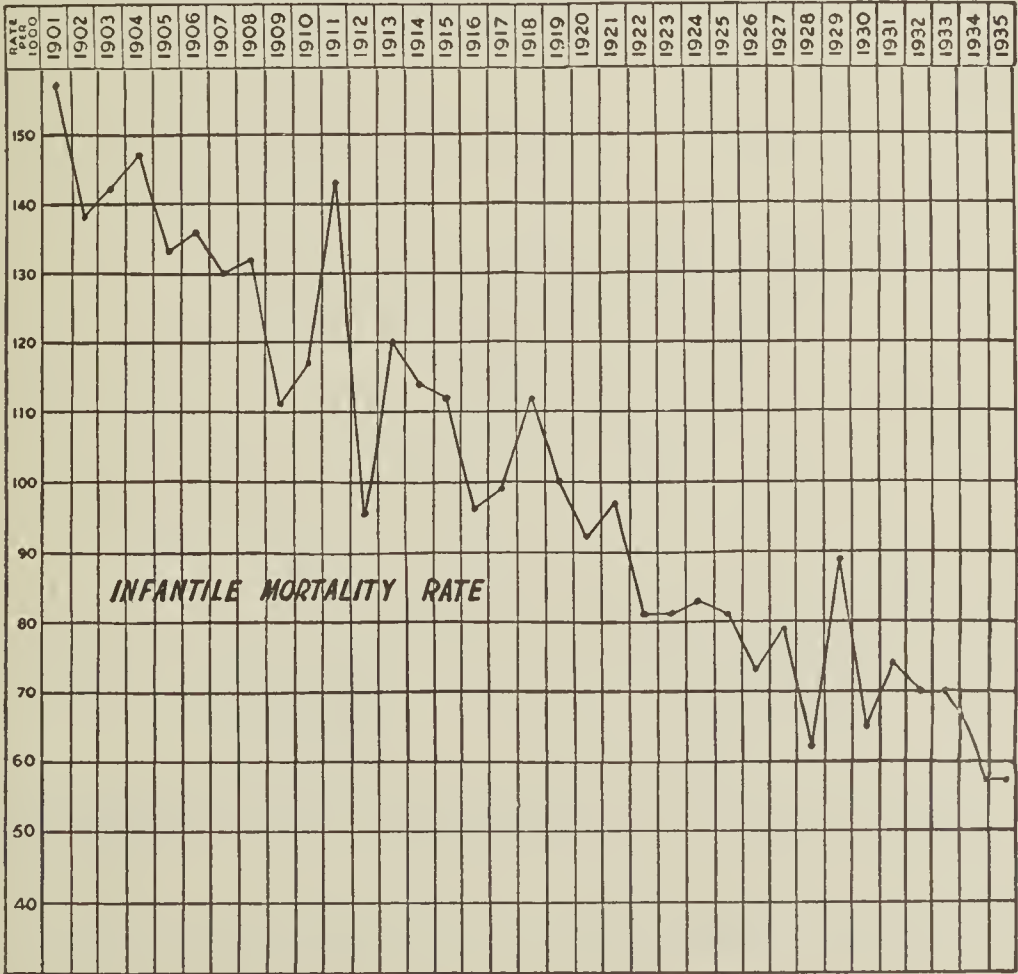
West Riding Administrative County.

Causes of Infant Mortality in the years 1912-35.

Year	Number of Deaths under One Year per 1000 births															Total (All Causes)
	Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Respiratory Tuberculosis	Other Tuberculous Diseases	Bronchitis	Pneumonia	Other Respiratory Diseases	Diarrhoea	Congenital Debility and Malformation Premature Birth	Other Causes	
1912	nil.	nil.	2.67	0.05	3.94	0.18	0.36	0.15	2.87	8.31	8.66	0.61	6.71	40.81	19.61	94.93
1913	nil.	nil.	2.59	0.11	2.35	0.16	0.19	0.19	3.42	10.30	12.94	0.40	20.12	45.41	21.42	119.60
1914	nil.	nil.	2.87	0.05	5.48	0.24	0.24	0.21	3.01	9.36	11.41	0.53	18.19	41.86	20.48	113.93
1915	0.03	nil.	4.20	0.21	4.28	0.21	0.21	0.15	2.90	10.07	12.91	0.35	14.48	41.47	20.65	112.12
1916	nil.	nil.	1.35	0.09	2.68	0.09	0.25	0.31	2.34	9.64	11.05	0.77	10.96	34.45	21.86	95.84
1917	nil.	nil.	2.70	0.04	2.67	0.18	0.25	0.36	2.45	10.17	12.24	0.71	8.11	34.72	23.73	98.33
1918	nil.	nil.	5.05	nil.	7.50	0.07	5.01	0.36	1.53	11.19	14.18	0.57	9.77	36.68	19.87	111.78
1919	nil.	nil.	0.88	nil.	1.62	0.11	2.85	0.35	1.80	12.25	12.39	0.63	8.55	39.14	19.46	100.03
1920	nil.	nil.	2.48	0.05	1.64	0.11	1.14	0.16	2.09	9.88	11.04	0.42	11.92	31.65	19.15	91.73
1921	nil.	nil.	0.17	0.03	4.53	0.03	1.10	0.31	1.76	7.82	13.40	0.37	14.22	36.94	16.52	97.20
1922	0.03	0.03	1.69	nil.	2.91	0.10	0.51	0.16	1.95	6.75	11.86	0.38	6.52	33.50	14.51	80.90
1923	nil.	nil.	1.81	0.06	2.16	0.06	0.55	0.36	1.55	6.71	11.00	0.48	7.10	33.52	15.91	81.27
1924	nil.	nil.	1.09	nil.	2.67	nil.	1.48	0.06	1.35	6.14	15.47	0.61	6.72	33.10	13.96	82.65
1925	nil.	nil.	1.88	0.06	2.92	0.29	0.62	0.29	1.46	6.22	13.09	0.45	7.06	33.17	13.41	80.92
1926	nil.	nil.	0.47	0.03	4.02	0.07	0.20	0.17	1.23	5.35	10.97	0.43	6.45	30.87	13.16	73.42
1927	nil.	0.19	2.65	0.08	2.79	0.08	1.04	0.15	1.45	5.33	15.46	0.37	4.73	32.35	12.49	79.16
1928	nil.	nil.	0.56	0.04	1.11	0.07	0.33	0.04	1.67	2.59	9.31	0.30	4.71	30.14	11.49	62.36
1929	nil.	0.04	1.41	nil.	4.97	0.24	2.54	0.24	0.90	6.65	17.44	0.31	6.14	33.75	13.92	88.55
1930	0.04	nil.	0.89	nil.	1.89	0.23	0.08	0.08	1.20	2.47	8.71	0.23	3.86	34.00	11.45	65.13
1931	nil.	nil.	1.12	nil.	1.52	0.08	0.72	0.20	1.28	4.78	13.25	0.28	4.42	35.34	10.72	73.71
1932	0.04	nil.	1.15	nil.	2.59	0.21	1.03	0.04	1.23	4.28	10.20	0.16	4.93	34.26	9.46	69.58
1933	nil.	nil.	0.17	nil.	1.82	0.09	1.90	nil.	0.56	3.08	12.09	0.13	5.37	36.35	8.40	69.96
1934	nil.	nil.	1.54	0.17	0.90	0.17	0.21	0.04	0.51	2.48	7.53	0.34	2.91	33.21	7.57	57.58
1935	nil.	nil.	0.56	nil.	1.21	0.13	0.43	0.17	0.61	2.90	8.54	0.17	2.82	33.41	6.68	57.63

West Riding Administrative County.

Infantile Mortality Rate for the 35 years 1901-1935.



EPIDEMIOLOGY.

Statistics as to the incidence of the seven principal Zymotic Diseases are given below. The combined death-rate from these diseases was in 1935, 0·28 per 1,000 of the estimated population, compared with 0·41 for the previous year, and the average rate of 0·42 for the 10 years 1924-33.

A decrease in mortality in 1935 has occurred from each of the principal Zymotic Diseases with the exception of whooping cough, the rate for which has remained almost stationary in the two years 1934 and 1935. The table headed "West Riding Birth and Death Rates for Ten Years" on page 17 shows the mortality rates for each disease for each of the ten years 1926 to 1935 inclusive, whilst the table headed "Average Birth and Death Rates from 1915 to 1934" on page 18 gives the same information for the quinquennial periods comprised in those years.

Zymotic Disease.	No. of Cases 1935.	No. of Deaths 1935.	Ratio of Deaths.	
			(a) per 1,000 persons attacked.	(b) per 1,000 persons living.
(1) Smallpox	Nil.	Nil	Nil.	Nil
(2) Scarlet Fever	6,108	42	6·88	0·03
(3) Diphtheria	3,175	209	65·82	0·14
(4) Enteric Fever	50	7	140·00	0·00
(5) Measles	*	37	?	0·02
(6) Whooping Cough	*	54	?	0·04
(7) Diarrhoea, etc., under two years ...	*	79	?	0·05
Total of principal Zymotic Diseases ...	?	428	?	0·28

* The numbers of cases of measles, whooping cough and diarrhoea are not available, as cases of these diseases are not compulsorily notifiable in every district in the Administrative County.

The following table gives the number of cases notified, and rate per 1,000 population in the Administrative County during the years 1931-1935. The number of notifications in 1935 in each Sanitary District will be found in the table folded in at page 28, and paragraphs with regard to the incidence of the principal infectious diseases will be found on this and following pages.

Diseases.	Number of Cases Notified.					Cases Notified per 1,000 population.					England and Wales 1935
	1931	1932	1933	1934	1935	1931	1932	1933	1934	1935	
Small-pox	146	—	3	1	—	0·09	—	0·00	0·00	—	—
Scarlet Fever	2952	3261	6218	6645	6108	1·91	2·12	4·05	4·33	3·98	2·96
Diphtheria	1537	1590	1652	3062	3175	1·00	1·04	1·08	2·00	2·07	1·60
Enteric Fever	95	200	58	36	50	0·06	0·13	0·04	0·02	0·03	0·04
Puerperal Fever	91	89	60	63	77	*3·65	*3·66	*2·60	*2·69	*3·34	†
Puerperal Pyrexia	151	134	149	172	186	*6·06	*5·51	*6·45	*7·35	*8·02	†
Cerebro-Spinal Fever	608	345	175	70	39	0·39	0·22	0·11	0·05	0·03	†
Acute Poliomyelitis	12	8	37	14	18	0·01	0·01	0·02	0·01	0·01	†
Acute Polio-Encephalitis	3	2	1	—	3	0·00	0·00	0·00	—	0·00	†
Encephalitis Lethargica	13	19	9	13	6	0·01	0·01	0·01	0·01	0·00	†
Ophthalmia Neonatorum	121	101	87	105	100	*4·86	*4·15	*3·77	*4·49	*4·33	†
Erysipelas	680	572	670	808	662	0·44	0·37	0·44	0·53	0·43	0·42
Respiratory Tuberculosis	1796	1411	1431	1225	1133	1·17	0·92	0·93	0·80	0·74	†
Other Forms of Tuberculosis	765	630	548	559	528	0·50	0·41	0·36	0·36	0·34	†

* Cases notified per 1,000 Registered Births.
† Figures not available at time of going to press.

SMALL-POX.

No case of smallpox was notified in the Administrative County during the year 1935.

SCARLET FEVER.

Scarlet fever remained prevalent in the Administrative County during the year, the number of notified cases being 6,108, as against 6,645 in the previous year.

The districts with the greatest number of cases were:—

- Hoyland Nether U.
Pudsey B.
Rawmarsh U.
Wath-upon-Dearne U.
- Doncaster R.
Hemsworth R.
Rotherham R.
Wortley R.

Scarlet fever occurs in epidemic cycles at intervals of four or five years, the crest of the last cycle or wave being reached in 1934, thus the lower incidence during 1935 was not unexpected, and a further reduction as regards the Administrative County as a whole may be anticipated during the next year or two.

The severity of attack was generally mild with few complications.

DIPHTHERIA.

Diphtheria was prevalent again during the year 1935. There were 3,175 cases notified of whom 209 died, compared with 3,062 cases and 261 deaths during the year 1934.

The districts with the highest number of cases were:—

Bingley U.	104	Shipley U.	108
Cudworth U.	120	Wath-upon-Deane U. ...	162
Goole B.	201	Hemsworth R.	140
Hoyland Nether U. ...	80	Kiveton Park R.	90
		Thorne R.	91

The notifications for the past five years are as follows:—

	1931	1932	1933	1934	1935
No. of cases	1,537	1,590	1,652	3,062	3,175
Deaths	153	117	122	261	209
Mortality per thousand cases	99·5	73·6	73·9	85·2	65·8

The "gravis" strain of the organism was again the infecting agent in a considerable proportion of the cases, but in spite of that the mortality rate has materially decreased from last year.

Immunisation.

The practice of immunisation was continued during the year 1935, and the response of parents to the offer of protection for their children was particularly good in the first half of the year.

The following figures show the increase in the demand for immunisation:—

Year.	No. of Sanitary Districts.	No. of Children immunised or undergoing treatment.
1932	9	2,232
1933	11	4,063
1934	53	16,524
1935	138	54,435

In April, 1935, all panel practitioners in the County were circularised informing them that the County Council would pay a fee for each person immunised by them and resident in the Administrative Area. With this added facility the following alternative methods to secure immunisation free of charge are now available to the public.

1. Clinics held in schools.
2. By private medical practitioners
3. Child Welfare Centres.

Although there has been a progressive increase in the number of children immunised each year since the inception of the scheme, much work remains to be done. About a quarter only of all children under 15 years in the Administrative County have been immunised; a much higher proportion is necessary before an appreciable reduction in the incidence of diphtheria can be expected. It must be remembered also that approximately 25,000 children are born in the Administrative County each year, and this number must be added to the total of persons "at risk," although at the other end of the scale many of the older children have developed natural immunity and have ceased to be susceptible to the disease.

The majority of the children immunised have been of school age. This is due to the co-operation of teachers and the fact that the parents are more accessible through the medium of the schools. It is hoped however that a higher proportion of pre-school children will be given protective inoculations, as it is among this group that the best results are likely to be obtained.

In the early months of 1936 a portable cinema projector was provided which should prove of great value in propaganda work at Child Welfare Centres and Meetings of Parents' Associations.

The newer preparations of prophylactic, requiring only one injection, have been used to some extent in the County Area, but the present time is not considered opportune to depart from the three injection method for general use.

ENTERIC FEVER.

There were 50 cases of typhoid or paratyphoid fever notified during 1935 as compared with 36 in the year 1934 and 58 in the year 1933.

The districts affected were as follows:—

BOROUGH AND URBAN DISTRICTS.

							Cases Notified.
Adwick-le-Street	...	...	...	...	...	...	4
Bingley	...	...	...	...	...	...	1
Castleford	...	...	...	...	...	...	2
Cenishbrough	...	...	...	...	...	...	1
Featherstone	...	...	...	...	...	...	1
Harrogate	...	...	...	...	...	...	8
Heckmondwike	...	...	...	...	...	...	1
Hipperholme	...	...	...	...	...	...	1
Holmfirth	...	...	...	...	...	...	7
Honley	...	...	...	...	...	...	1
Kirkburton	...	...	...	...	...	...	1
Luddendenfoot	...	...	...	...	...	...	1
Marsden	...	...	...	...	...	...	1
Normanton	...	...	...	...	...	...	1
Pontefract	...	...	...	...	...	...	1
Shepley	...	...	...	...	...	...	1
Shipley	...	...	...	...	...	...	1
Skipton	...	...	...	...	...	...	2
Sowerby	...	...	...	...	...	...	1
Stanley	...	...	...	...	...	...	1
Swinton	...	...	...	...	...	...	1

RURAL DISTRICTS.

Great Ouseburn	...	...	...	...	...	...	1
Knaresborough	...	...	...	...	...	...	2
Pateley Bridge	...	...	...	...	...	...	1
Pontefract	...	...	...	...	...	...	1
Wetherby	...	...	...	...	...	...	1
Wharfedale	...	...	...	...	...	...	1
Wortley	...	...	...	...	...	...	4

The above table shows that the cases were spread over a large number of districts, only four districts having more than two cases notified.

MEASLES.

The figures showing the incidence of this disease are not available as Measles is not a compulsorily notifiable disease throughout the County. The County Health Visitors paid many visits to cases of Measles in 1935.

Details of this work will be found in the Maternity and Child Welfare Section of this report (page 106).

ACUTE POLIOMYELITIS AND ACUTE POLIO-ENCEPHALITIS.

(INFANTILE PARALYSIS.)

During the year 1935, 18 cases of acute poliomyelitis and 3 cases of acute polio-encephalitis were notified.

This number shows an increase from that of the previous year when 14 cases were notified.

The cases occurred sporadically, only three districts; Batley B., Bingley U., and Rotherham R. reporting more than one case.

DYSENTERY.

The number of notifications of this disease during the year 1935 was ten.

It must be repeated that there is a danger of many cases of dysentery not being recorded owing to food poisoning being suspected in the first instance. In doubtful cases medical practitioners would greatly assist the early start of investigations by informing the Medical Officer of Health without delay.

Dysentery is a notifiable disease under the Public Health (Infectious Diseases) Regulations 1927; food poisoning is not a notifiable disease but the Medical Officer of Health should be informed at once of its occurrence.

Notified Cases of Infectious Diseases, 1935.

1	SANITARY DISTRICT	CASES NOTIFIED OR OTHERWISE ASCERTAINED.																						Cases removed to Hospital of undermentioned diseases				
		Smallpox	Scarlet Fever	Diphtheria, including Mem. Group	Enteric Fever	Pneumonia (acute primary and influenza)	Puerperal Fever	Puerperal Pyrexia	Cerebro-spinal Fever	Acute Poliomyelitis	Acute Polio-encephalitis	Encephalitis Lethargica	Typhus Fever	Relapsing Fever, Cont'd Fever	Dysentery	Ophthalmia Neonatorum	Erysipelas	Respiratory Tuberculosis	Other forms of Tuberculosis	Malaria (contracted in England)	Malaria (contracted abroad)	Chickenpox	Measles	Whooping Cough	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
I. URBAN																												
Adwick-le-Street	82	41	4	30	2	4	—	—	—	—	—	—	—	5	19	29	7	—	—	—	—	—	—	—	80	40	4	
Altofts	10	12	—	11	—	1	—	—	—	—	—	—	—	—	3	3	3	—	—	—	—	—	—	—	8	12	—	
Ardley, East and West	25	36	—	4	2	3	—	—	—	1	—	—	—	—	3	6	1	—	—	—	—	—	—	—	25	36	—	
Baildon	9	19	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	9	19	—	
Barkisland	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	
Barnoldswick	17	2	—	3	—	1	1	—	—	—	—	—	—	1	7	19	5	—	—	—	—	—	—	—	17	—	—	
Batley M.B.	60	63	—	13	—	2	1	3	—	—	—	—	—	2	5	10	8	—	—	—	×	—	—	—	57	59	—	
Bentley-with-Arksey	40	10	—	15	—	6	—	—	—	—	—	—	—	5	3	19	8	—	—	—	—	—	—	—	39	10	—	
Bingley	105	104	1	9	—	—	—	—	—	2	—	1	—	1	6	17	6	—	—	×	×	—	—	—	90	103	1	
Birkenshaw	1	2	—	—	—	—	—	1	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	1	2	—	
Birstall	26	11	—	—	—	—	—	—	—	—	—	—	—	—	2	4	1	—	—	—	—	—	—	—	26	11	—	
Bolton-upon-Dearne	110	66	—	12	—	—	—	3	—	—	—	—	—	13	10	2	—	—	—	—	—	—	—	—	104	65	—	
Brighouse M.B.	86	13	—	12	—	2	—	—	—	—	—	—	—	2	11	13	5	—	—	*82	—	—	—	—	79	12	—	
Burley-in-Wharfedale	2	—	—	3	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	2	—	—	
Calverley	9	8	—	—	—	—	—	—	—	—	—	—	—	1	5	1	—	—	—	—	—	—	—	—	6	7	—	
Castelford	21	37	2	15	—	2	1	—	—	—	—	—	—	1	7	29	2	—	—	—	—	—	—	—	16	37	2	
Clayton West	3	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	3	—	—	
Conisbrough	91	28	1	10	—	—	2	1	—	—	—	—	—	—	2	12	2	—	—	—	—	—	—	—	86	28	1	
Cudworth	58	120	—	—	—	4	1	—	—	—	—	—	—	4	7	7	2	—	—	*19	—	—	—	—	58	120	—	
Darfield	20	5	—	9	1	2	—	—	—	—	—	—	—	—	3	7	5	—	—	—	—	—	—	—	20	5	—	
Darton	68	14	—	20	4	—	—	—	—	—	—	—	—	—	12	3	8	—	—	—	—	—	—	—	50	14	—	
Denby and Cumberworth	16	—	—	3	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	16	—	—	
Denholme	4	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	2	—	—	
Dodworth	2	14	—	13	—	1	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	10	14	—	
Drighlington	2	7	—	2	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	7	—	
Earby	20	2	—	9	—	—	—	—	—	—	—	—	—	—	3	4	2	—	—	—	—	—	—	—	1	—	—	
Elland	22	4	—	3	1	1	—	—	—	1	—	—	—	—	6	2	4	—	—	—	—	—	—	—	2	2	—	
Emley	9	—	—	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	8	—	—	
Farsley	13	40	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4	—	—	—	—	—	—	—	12	37	—	
Featherstone	45	57	1	18	—	1	1	—	—	—	—	—	—	1	9	10	8	—	—	*368	—	—	—	—	45	57	1	
Flockton	5	3	—	6	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	4	3	—	
Garforth	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	2	5	—	
Gildersome	6	2	—	3	1	—	—	—	—	—	—	—	—	—	2	2	1	—	—	—	—	—	—	—	5	2	—	
Golcar	66	40	—	14	—	—	—	—	—	—	—	—	—	—	—	9	1	—	—	—	—	—	—	—	65	39	—	
Goole M.B.	93	201	—	14	1	4	—	—	—	—	—	—	—	5	4	30	8	—	—	—	—	—	—	—	52	196	—	
Greasbrough	33	9	—	3	—	1	—	—	—	—	—	—	—	—	3	2	1	—	—	—	—	—	—	—	32	9	—	
Greetland	6	—	—	2	1	—	—	—	—	—	—	—	—	—	5	2	—	—	—	*5	—	—	—	—	2	—	—	
Guiseley	6	1	—	4	—	—	—	—	—	—	—	—	—	—	4	6	1	—	—	—	—	—	—	—	6	1	—	
Gunthwaite & Ingbirchworth	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	
Harrogate M.B.	138	10	8	47	15	11	—	—	—	—	—	—	3	4	20	15	15	—	—	—	—	×	—	—	129	8	4	
Haworth	12	5	—	1	1	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	9	5	—	
Hebden Bridge	14	1	—	2	—	—	—	—	—	—	—	—	—	—	2	2	1	—	—	—	—	—	—	—	13	1	—	
Heckmondwike	9	6	1	—	1	—	—	—	—	—	—	—	—	2	3	5	1	—	—	—	—	—	—	—	8	6	1	
Hemsworth	85	41	—	23	—	—	—	—	—	—	—	—	—	1	18	11	4	—	—	—	—	—	—	—	85	41	—	
Hipperholme	6	2	1	7	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	—	—	—	—	—	4	—	1	
Holme	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	
Holmfirth	23	1	7	12	2	—	—	—	—	—	—	—	—	1	4	3	5	—	—	—	—	—	—	—	23	1	7	
Honley	18	3	1	3	—	—	—	—	—	—	—	—	—	—	6	3	4	—	—	—	—	—	—	—	18	3	1	
Horbury	21	2	—	13	—	—	—	—	—	—	—	—	—	—	5	5	4	—	—	—	—	—	—	—	21	2	—	
Horsforth	16	9	—	12	1	—	—	—	—	—	—	—	—	—	4	6	2	—	—	*22	*33	*90	—	—	12	9	—	
Hoyland Nether	202	80	—	62	4	6	1	1	—	1	—	—	—	2	16	18	9	1	—	—	—	—	—	—	175	78	—	
Hoylandswaine	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
Hunsworth	8	5	—	3	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	13	7	—	
Ilkley	20	7	—	11	3	—	—	—	—	—	—	—	—	—	5	8	2	—	—	—	—	—	—	—	5	5	—	
Keighley M.B.	60	68	—	30	3	3	1	—	—	—	—	—	—	3	10	24	24	—	—	—	—	—	—	—	50	66	—	
Kirkburton	17	2	1	1	1	1	—	—	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	17	2	1	
Kirkheaton	5	3	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	5	3	—	
Knaresborough	19	1	—	5	—	1	—	—	—	—	—	—	—	—	1	4	4	—	—	—	—	—	—	—	19	1	—	
Knottingley	14	3	—	21	1	—	—	—	—	—	—	—	—	—	—	5	4	—	—	—	—	—	—	—	12	2	—	
Lepton	36	3	—	5	—	—	1	—	—	—	—	—	—	1	2	1	1	—	—	—	—	—	—	—	35	3	—	
Linthwaite	83	16	—	8	—	—	—	—	—	—	—	—	—	—	2	9	6	—	—	—	—	—	—	—	77	14	—	
Luddenden Foot	36	—	1	1	—	—	—	—	—	—	—	—	—	—	1	3	1	—	—	—	—	—	—	—	32	—	—	
Maltby	99	15	—	8	1	—	—	—	—	—	—	—	—	—	9	14	5	—	—	—	—	—	—	—	98	15	—	
Marsden	51	19	1	9	—	1	—	—	—	—	—	—	—	—	2	6	2	—	—	—	—	—	—	—	49	19	1	
Meltham	29	1	—	4	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	29	1	—	
Methley	18	17	—	4	—	—	—	—	—	—	—	—	—	—														

* Notifiable during a part or the whole of the year 1935.

† Includes 8 cases of erysipelas and 4 of respiratory tuberculosis notified from the Mental Hospital.

* Includes 2 cases of scarlet fever, 10 cases of pneumonia, 2 of dysentery, 5 of erysipelas, 23 of respiratory tuberculosis and 8 of other forms of tuberculosis notified from the Mental Hospital.

§ Includes 2 cases of enteric fever and 4 of erysipelas notified from the Mental Hospital.

|| A number of cases of other diseases such as pneumonia, puerperal fever and pyrexia, cerebro-spinal fever, erysipelas, etc., was also removed to Isolation Hospital.

^{***} Includes typhoid and paratyphoid fever.

NOTE :—A cross in columns 22, 23 or 24 indicates that there was some prevalence of the disease during the year 1935.

FOOD POISONING.

In July, 1935, 30 persons in Wombwell Urban District were ill owing to food poisoning. The infecting organism was the *B. Aertrycke*, and the vehicle of infection was shown to be salmon. One case subsequently died. The infected food was apparently consumed on a visit to Norfolk. Investigations were made at once and the source discovered. No further cases were reported.

An outbreak of food poisoning was reported in November 1935 as occurring in Brighouse Borough. In this instance one family was affected and no deaths occurred. Prompt action was taken to prevent further sale of the suspected food; no additional cases were reported.

ISOLATION HOSPITALS.

The following table gives particulars of the removal to hospital of cases of Smallpox, Scarlet Fever, Diphtheria and Enteric Fever during 1935. Columns 25 to 28 of Table folded in at this page show the removals for each district:—

	Total cases notified.	Cases removed to Hospital.	
		Number.	Percentage.
Smallpox	—	—	—
Scarlet Fever	6,108	5,449	89.2
Diphtheria	3,175	3,082	97.1
Enteric Fever	50	38	76.0
Total for 1935	9,333	8,569	91.8

Treatment of Venereal Diseases.

List of the Venereal Diseases Treatment Centres with the days and hours of attendance:—

Name of Institution.	Days and Hours of Attendance.	
	Men.	Women and Children.
Barnsley Clinic, Queen's Road	Monday, 8 to 10 p.m. Thursday, 6-30 to 9-30 p.m.	Thursday, 3 to 6 p.m.
Bradford St. Luke's Hospital	Monday and Saturday, 9-30 a.m. Tuesday, 6 p.m.	Monday, 5 to 7 p.m. Tuesday, 5-30 p.m. Friday, 10-0 a.m.
Burnley Victoria Hospital	Monday, 10 to 11 a.m. and 5-30 to 6-30 p.m. Thursday, 5-30 to 6-30 p.m.	Friday, 11 to 12 noon and 5-30 to 6-30 p.m.
Dewsbury Infirmary	Monday, 3 to 5 p.m. Thursday, 7 to 9 p.m.	Monday, 3 to 5 p.m. Thursday, 7 to 9 p.m.
Doncaster Royal Infirmary	Tuesday, 4 to 6 p.m. Friday, 9 to 11 a.m. and 4 to 6 p.m.	Monday, 4 to 6 p.m. Friday, 2 to 4 p.m.
Goole, Bartholomew Hospital	Friday, 8-0 p.m.	Friday, 5-0 p.m.
Halifax Royal Infirmary	Thursday, 6 to 8 p.m.	Tuesday, 3-30 to 4-30 p.m. and 6 to 8 p.m.
Huddersfield Municipal V.D. Treatment Centre, York Place, New York Road	Monday, 6 to 8-30 p.m. Tuesday, 6 to 8-30 p.m. Thursday, 6 to 8-30 p.m. Friday, 6 to 8-30 p.m. Wednesday, 10 to 12 noon.	Monday, 6 to 8-30 p.m. Tuesday, 6 to 8-30 p.m. Thursday, 6 to 8-30 p.m. Friday, 6 to 8-30 p.m. Wednesday, 10 to 12 noon.
Keighley Victoria Hospital	Thursday, 6 to 8 p.m.	Tuesday, 6 to 8 p.m.
Leeds General Infirmary	Monday to Friday inclusive, 10 to 12 noon and 2 to 7 p.m. Saturday, 10 to 12 noon.	Monday, 1-30 to 3 p.m. Thursday, 5-30 to 7 p.m.
Oldham Royal Infirmary	Tuesday, 7-30 p.m. Wednesday, 7-30 p.m.	Monday, 7-30 p.m.
Rotherham T.B. Dispensary, 12 Frederick Street	Tuesday, 11-30 a.m. to 12-30 p.m. and 6 to 8 p.m. Wednesday, 6 to 8 p.m.	Tuesday and Thursday, 2 to 4-30 p.m. Friday 11-30 a.m. to 12-30 p.m., and 6 to 8 p.m.
Sheffield Jessop Hospital for Women	—	Tuesday, 5 to 7-30 p.m. Thursday, 5 to 7-30 p.m. Saturday, 11 a.m. to 1-30 p.m.
Sheffield Royal Hospital	Thursday, 7 to 9 p.m. Saturday, 12-30 to 2-30 p.m. Tuesday, 7 to 9 p.m. Friday, 7 to 9 p.m.	Thursday, 10 a.m. to 1 p.m.
Sheffield Royal Infirmary	Friday, 7 to 9 p.m. Tuesday, 2 to 4 p.m. Thursday, 2 to 4 p.m. Wednesday, 6 to 8 p.m. Friday, 5-30 to 7-30 p.m.	Tuesday, 2 to 4 p.m. Thursday, 2 to 4 p.m.
Wakefield Clayton Hospital	Wednesday, 6 to 8 p.m. Friday, 10 to 12 noon.	Monday, 4 to 6 p.m. Friday, 3 to 5 p.m.
York County Hospital	Monday, 3 to 4 p.m. Thursday, 6 to 7 p.m. Friday, 7-30 to 8-30 p.m.	Wednesday, 3 to 4 p.m. Friday, 7 to 7-30 p.m.

Table showing the Venereal Diseases Treatment Centres and number of attendances, etc., during 1935, of West Riding patients:—

Centre	No. of new patients				No. of doses of Arsenobenzene Compounds	No. of In-patient days	No. of Out-patient attendances
	Syphilis	Soft Chancre	Gonorrhœa	Non-Venereal			
Barnsley Clinic, Queen's Road	11	—	35	34	69	—	7,758
Bradford St. Luke's Hospital	32	—	56	35	443	197	3,627
Burnley Victoria Hospital ...	1	—	3	4	11	42	54
Dewsbury Infirmary ...	11	—	31	32	317	109	4,187
Doncaster Royal Infirmary ...	58	—	92	29	1,142	178	8,259
Goole, Bartholomew Hospital	10	—	8	11	93	—	506
Halifax Royal Infirmary ...	18	—	53	94	252	272	3,357
Huddersfield V.D. Centre ...	9	—	37	28	259	28	4,649
Keighley Victoria Hospital ...	19	—	60	22	333	—	4,124
Leeds General Infirmary ...	106	—	141	117	3,827	—	13,112
Oldham Royal Infirmary ...	2	—	2	2	26	—	183
Rotherham T.B. Dispensary, 12, Frederick Street ...	35	—	29	40	365	52	3,811
Wakefield Clayton Hospital ...	63	—	116	59	1,556	89	6,935
York County Hospital ...	1	—	13	6	60	112	1,084
	376	—	676	513	8,753	1,079	61,646

Table giving an analysis of the combined returns of treatment centres for the year 1935, compared with previous years:—

Year.	New Patients.	Doses of Arsenobenzene Compounds.	No. of In-patient days.	Out-patient attendances.
1930	1,538	6,257	3,115	54,468
1931	1,490	7,563	3,460	54,922
1932	1,513	7,852	2,107	53,383
1933	1,484	7,330	3,644	57,868
1934	1,674	7,563	1,539	62,231
1935	1,555	8,753	1,079	61,646

The above figures relate to treatment of patients resident in the administrative area of the county.

The numbers for 1935 in the table above are very similar to those for the year 1934. Attention may be drawn to the points of difference but the variations are so slight that it would be useless to attempt to draw conclusions. The number of patients attending for the first time is smaller in the year 1935, syphilis being the one disease showing an increase. The total attendances show a slight decrease which is to be expected with fewer new patients, but in spite of this the number of doses of arsenobenzene compounds has increased by an appreciable amount, suggesting that the attendance of patients suffering from syphilis has improved.

The number of days of in-patient treatment required during the year is less, a decrease which can be considered satisfactory.

In accordance with the change made last year the figures for the Hope Hospital, Leeds, are again given separately as the number of in-patient days cannot strictly be compared with those of other hospitals. During the year 1935, 13 patients received treatment in the Hope Hospital, the total number of in-patient days being 1,809. The number of doses of arseno-benzene compounds given in treatment was 27.

There are 87 general practitioners on the approved list which is kept in accordance with the requirements of the Ministry of Health, and 783 doses of arsenobenzene compounds were supplied. No additional applications were received during the year from practitioners for their names to be added to the list.

It should be noted that, with the consent of the Ministry of Health, the hours of attendance at the Victoria Hospital, Keighley, have been altered as from June, 1936.

PROPAGANDA.

A lecture and film tour again provided the chief form of propaganda. These tours are very popular, and each year requests are received for certain townships and districts to be included in the itinerary. Usually two tours each of two weeks duration are arranged, one in the spring, the other in the autumn. The autumn tour had to be abandoned last year, the General Election making the hire of suitable halls almost impossible.

In March 1935, the following districts were visited:—Golcar, Holmfirth, Penistone; Honley, Birdwell, Saddleworth, Blacker Hill, New Mill, Greasbrough, Swinton and Rawmarsh. The lectures were very well attended.

Public Health Legislation, etc., during 1935.

Below is a list of Orders, Circulars and Memoranda which have been issued, and Acts passed in 1935, in connection with public health matters.

I.—ORDERS, CIRCULARS AND MEMORANDA ISSUED BY THE MINISTRY OF HEALTH.

Circular No.	GENERAL.
1461	Public Health (Meat) Amendment Regulations, 1935. To Sanitary Authorities (England and Wales) March 18th, 1935.
1471, 1486 and 1502	Public Health (Imported Food) Regulations, 1925; Public Health (Imported Food) Amendment Regulations, 1933. To Port Sanitary Authorities and certain Sanitary Authorities (England and Wales), March 28th, June 28th and November, 1935.
1473	Milk Pasteurising Plants. To Sanitary Authorities (England and Wales). May 16th, 1935.
Report No. 77	The Supervision of Milk Pasteurising Plants, May, 1935.
1503	Swimming Baths and Pools. To the London County Council, Town Councils, Metropolitan Borough Councils, U.D.Cs., R.D.Cs. November 1st, 1935.
1505	Sanitary Officers (outside London) Regulations, 1935. To County Councils, Town Councils, Urban District Councils, Rural District Councils, Port Sanitary Authorities. November 21st, 1935.
1514	National Health Insurance and Contributory Pensions Act, 1935. To Local Authorities, Joint Hospital Boards and Isolation Hospital Committees. December 30th, 1935.
Memo. 188/Med.	Steps to be taken by M.O.Hs. (outside London) in suspected food poisoning cases, June, 1935.
Memo. 189/Med.	Memorandum on Pneumonia, September, 1935.
Report No. 78	Aluminium in Food. October, 1935.
—	<i>Milk Act, 1934</i> .—Arrangements under Section II of the Act for increasing Demand for Milk by an enquiry into its Nutritional Value at certain schools and approved centres. June 3rd, 1935. <i>Board of Agriculture and Fisheries</i> .
—	Arrangements under Section II of the Act for Increasing the Demand for Milk within the Area of the Milk Marketing Board for England and Wales by Publicity and Propaganda. June 3rd, 1935. <i>Board of Agriculture and Fisheries</i> .
Order	Workmen's Compensation. The Various Industries (Silicosis) Amendment Scheme. January 29th, 1935.
„	Agricultural Produce (Grading and Marking) England. Regulations as to Grade Designation Marks for creamery butter. January 22nd, 1935.
„	Public Health (Meat) Amendment Regulations, March 11th, 1935.
„	Factory and Workshop. First Aid. Order of the Secretary of State as to Materials for Dressings in First Aid Boxes or Cupboards. May 31st, 1935.
„	Pharmacy and Poisons Act, 1933 (Date of Commencement) Order in Council, June 6th, 1935.
„	Therapeutic Substances Amendment Regulations. June 17th, 1935.
„	Prevention of Epidemic, Endemic and Infectious Diseases. The Medway (Shell-Fish) Regulations. December 11th, 1935.
Rules	Anthrax. Fees for Disinfection. March 8th, 1935.
Regns.	Sanitary Officers (outside London) Regulations, November 7th, 1935.

HOUSING AND TOWN PLANNING.

1493	(Housing 1.) Housing Act, 1935. August 8th, 1935. To County Councils, County Borough Councils, Town Councils, Urban District Councils, Rural District Councils. (England and Wales.)
—	Housing 2. (Enclosure to Circular 1493). Changes in the Law relating to Slum Clearance and other Amendments of the Housing Acts.
—	Housing 3. (Enclosure to Circular 1493) Housing (Rural Workers) Acts (1926 and 1931).
1495	Restriction of Ribbon Development Act, 1935. To Local Authorities (outside London) and Joint Executive Town Planning Committees (England and Wales). August 15th, 1935.
—	Summary of the principal Provisions of the Housing Acts and Public Health Acts in relation to the maintenance of dwelling houses in a reasonably fit condition for human habitation.

—	House Production, Slum Clearance, etc. England and Wales. Statement showing for the period up to September 30th, 1935, the number of houses provided with State Assistance, the number of houses provided without State Assistance, the progress made in carrying out Slum Clearance programmes and certain other particulars relevant to the housing activities of Local Authorities.
Order	Housing, England. The Ministry of Health (Central Housing Advisory Committee) Order. November 12th, 1935.
Memo.	The Prevention and Abatement of Overcrowding; October, 1935.
Memo.	The Re-development of Overcrowded Areas; October, 1935.
1454	Town and Country Planning—Model Clauses. To Local Authorities and Joint Town Planning Committees (England and Wales). February 15th, 1935.
—	Housing, Town Planning, etc.:— Construction of Flats for the Working Classes. Interim Report of Departmental Committee. May 13th, 1935.
—	Grouped Cottage Homes for Children. Memorandum on the Provision of, with Plans. January, 1935.
—	Town and Country Planning Act, 1932. Notes on the preparation and bringing into operation of Schemes under the Act.

II.—ACTS OF PARLIAMENT.

Diseases of Animals Act, 1935.

Housing Act, 1935.

Restriction of Ribbon Development Act, 1935.

HOUSING AND GENERAL SANITARY MATTERS.

A. BROOK, Chief County Sanitary Inspector.

Housing.

Provision of New Houses.

As will be seen from the following statement, the erection of new houses in the Riding is still progressing, the number built during 1935 being more than 1,000 in excess of those provided in 1934.

The erection of houses during the past 5 years is set out below:—

	1931	1932	1933	1934	1935
By Local Authorities and Private Enterprise under assisted schemes.	1,851	2,968	2,016	1,183	1,324
Unassisted (Years ended 30th September)	2,725	3,297	5,049	8,024	9,175
TOTALS ...	4,576	6,265	7,065	9,207	10,499

It would be invidious to make comparisons between different districts in the County in respect of increased or decreased activity in the building of new dwellings, as without due regard being paid to the circumstances of each area, erroneous conclusions might be drawn. Subject to this proviso, and irrespective of the areas and populations of the districts concerned, the eleven sanitary districts which provided the largest number of new houses during the year were:—Rotherham R., 432; Harrogate B., 293; Doncaster R., 281; Keighley B., 277; Pontefract R., 263; Pontefract B., 250; Wortley R., 197; Wakefield R., 193; Bingley U., 189; Calverley U., 187; and Baildon U., 186.

In spite of the accelerated rate of building there is little doubt that there still exists, in some districts in the Riding, a shortage of houses of a type suitable for persons of the working classes and which could be let at rents within the means of would-be tenants.

It is anticipated that the surveys which Local Authorities are required to make under the provisions of the Housing Act, 1935, to ascertain the extent of overcrowding will yield much valuable information on this subject. This Act came into force during the year under review. The methods set out in it of determining whether or not houses are overcrowded may be open to some criticism; nevertheless this new piece of legislation must be regarded as a step in the right direction and the forerunner of a still more determined effort to eliminate overcrowding with its attendant evils.

Housing Statistics.

Summary of Housing Work showing the action taken by Local Authorities in the Administrative County under the provisions of the Housing Act, 1925, the Housing Act, 1930, the Housing Consolidated Regulations, 1925 and the Housing Consolidated Amendment Regulations, 1932, or matters arising therefrom.

1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

- (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)
- (2) Number of inspections made for the purpose
- (3) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925—1932
- (4) Number of inspections made for the purpose
- (5) Number of dwelling-houses needing further action
 - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation
 - (b) Number (excluding those in sub-head (a) above), found not to be in all respects reasonably fit for human habitation

Urban Districts	Rural Districts	Totals
22472	6723	29195
41198	11236	52434
9490	2850	12340
18078	5614	23692
12581	3326	15907
2975	991	3966
9606	2335	11941

Totals of (5)—(a) and (b) equal figure given for (5).

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

No of defective dwelling-houses rendered fit in consequence of informal action by Local Authorities or their Officers

7888 1671 9559

3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A. Proceedings under Sections 17, 18, 23, Housing Act, 1930.

- (1) No. of dwelling-houses in respect of which notices were served requiring repairs
- (2) No. of dwelling-houses which were rendered fit after service of formal notices
 - (a) By owners
 - (b) By Local Authority in default of owners

1137 428 1565
1081 416 1497
1058 404 1462
23 12 35

B. Proceedings under Public Health Acts:—

- (1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied
- (2) No. of dwelling-houses in which defects were remedied after service of formal notices
 - (a) By owners
 - (b) By Local Authority in default of owners

2126 682 2808
1597 597 2194
1545 573 2118
52 24 76

C. Proceedings under Sections 19 and 21 of the Housing Act, 1930:—

- (1) No. of representations, etc., made in respect of dwelling-houses unfit for habitation
- (2) No. of dwelling-houses in respect of which Demolition Orders were made
- (3) No. of dwelling-houses demolished in pursuance of Demolition Orders
- (4) No. of dwelling-houses in respect of which undertakings were accepted from owners—Section 19 (2)
 - (a) To render houses fit for human habitation
 - (b) As to usage other than for human habitation

1053 455 1508
651 331 982
339 222 561
488 168 656
373 45 418
115 123 238

D. Proceedings under Section 20 of the Housing Act, 1930:—

- (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made
- (2) Number of separate tenements or underground rooms closed in pursuance of Closing Orders
- (3) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit

159 — 159
103 — 103
9 — 9

NOTE:—The above statement is compiled from Returns furnished by the Medical Officers of Health of the Sanitary Authorities throughout the Administrative County.

Slum Clearance.

The tabular statement which follows shows the action taken during 1935.

HOUSING ACT, 1930.

	Municipal Boroughs	Urban Districts	Rural Districts	Total
Clearance Orders submitted.				
No. of Orders	29	65	55	149
No. of houses to be demolished	333	480	289	1,102
No. of persons to be displaced from above houses	1,055	1,719	998	3,772
* Clearance Orders confirmed wholly, or in part.				
No. of Orders	34	88	55	177
No. of houses to be demolished	348	734	266	1,348
No. of persons to be displaced from above houses	1,104	2,645	857	4,606
Houses approved for re-housing persons dis- placed	507	1,155	448	2,110†

* Includes orders submitted in 1934, but not confirmed until 1935.

† This total includes houses required for the re-housing of persons to be displaced as the result of demolitions under Section 19 of the Act; separate figures of houses approved to re-house persons to be displaced as a result of demolitions in Clearance Areas are not available.

Work of the County Inspectorial Staff.

During the year the Inspectorial Staff of the Department was engaged on the following work under the Housing Acts:—

CLEARANCE AREAS.

*Inspections made and evidence given at Ministry of Health inquiries at:—*Drighlington U., Mirfield U., Otley U., Skelmanthorpe U., Worsborough U., and Yeadon U. (two occasions).

*Attendance at Ministry of Health inquiries at:—*Batley B., Brighouse B., Darfield U., Horsforth U., Keighley B., Knaresborough U., Knottingley U., Pudsey B., Ripon City (3), Selby U., Shipley U., Skipton U., Spensborough U., Stanley U., Todmorden B. (twice), Hemsworth R. (twice), Pontefract R., Selby R.

APPEALS AGAINST DEMOLITION ORDERS.

Evidence given on behalf of Local Authority:—Mirfield U., Worsborough U.

APPEAL AGAINST NOTICE TO REPAIR DWELLING HOUSE:—

Evidence given on behalf of Local Authority:—Ripon R.

HOUSING SURVEYS CARRIED OUT AT:—Great Ouseburn R. (Whixley), Penistone R. (Silkstone).

INSPECTIONS AND REPORTS RELATING TO HOUSING CONDITIONS, ETC., MADE AT:—Darton U., Dodworth U., Marsden U., Mirfield U., Greasbrough U., Saddleworth U., Stanley U., Sedbergh R.

Housing (Rural Workers) Acts 1926 and 1931.

From the time the above Acts came into operation to December 31st, 1935, 50 applications for assistance were received.

In 29 cases covering 65 houses the applications received favourable consideration, and at the end of the year 47 houses had been reconditioned at a cost to the County Council of £4,304 17s. 10d. Of this amount, half is repayable to the County Council as loan charges under Section 4(2) of the 1926 Act. The necessary works were being proceeded with at the remaining 18 houses.

Nineteen applications comprising 59 houses were refused, and two applications concerning 3 houses were withdrawn.

Smoke Abatement.

Owing to the pressure of other duties, the County Sanitary Inspectors have unfortunately not been able to devote much attention to this matter during the year. The policy of the County Council with regard to smoke abatement is to bring pressure to bear upon those Authorities who are slow to recognise their responsibilities in this connection, and it is believed that good work has been accomplished by the system in operation. Observations of chimneys are taken by the County Inspectors in conjunction with the Sanitary Inspectors of Local Authorities, and where these show the emission of black smoke in excess of the permissible amount, the premises of the delinquents are visited, attention is drawn to the offence, and advice and assistance are afforded in the endeavour to put matters into a satisfactory condition, *i.e.*, reduce the amount of smoke emitted. The results of the observations are also communicated to the Local Authorities concerned.

That much still remains to be accomplished before the condition of the atmosphere in the neighbourhood of industrial districts can be regarded as reasonably clean, is a statement no one will seriously challenge, and in this connection the following quotation from the Report for 1935-1936 of the Executive Committee of the West Riding of Yorkshire Regional Smoke Abatement Committee, is interesting.—“It is extraordinary that notwithstanding the enormous increase in the “use of gas, electricity and solid smokeless fuel for heating and power during the period, yet, if the “soot deposit records are to be believed, the smoke pall remains as dense as ever. Manifestly “there is some other factor, which may possibly be the well known tendency of smoke to disperse “over a wide area and to drift about from one place to another. If personal impressions count “for anything, most people would agree that the atmosphere of our large towns is certainly cleaner “to-day than it was ten years ago. There are fewer fogs and such fogs as there are are less acrid “and less dense, and new buildings do not blacken nearly so much nor so soon as was formerly the “case.”

Smoke observations taken by the County Inspectors during the year 1935.

No. of observations taken in each District.	Is Byelaw in Force?	Observations showing an excessive emission of Black Smoke.				Number of observations showing:		Average Amount of Black Smoke per observation
		Number.	Maximum Emission.	Minimum Emission.	Average.	Black Smoke of 3 minutes or under.	No Black Smoke.	
7	yes	1	Minutes. 11.5	Minutes 11.5	Minutes. 11.5	1	5	Minutes 1.71
3	no	1	5.5	5.5	5.5	—	2	1.83
6	no	3	11.0	5.5	7.7	2	1	4.2
3	no	1	10.5	10.5	10.5	2	—	4.5

Drainage, Sewerage and Sewage Disposal.

Progress, in the way of providing satisfactory means of sewerage and methods of sewage disposal, continues to be made in the County Area. The development of land for building purposes in various areas has in cases necessitated the extension of sewers to serve the houses erected thereon. Another material factor is the introduction of a piped water supply into areas previously dependent on springs, wells, etc. This sooner or later leads to a demand for proper means of sewerage and sewage disposal, owing to the greatly increased amount of drainage which inevitably follows the provision of a laid on supply of water.

The Department was represented at the following inquiries held by the Ministry of Health into applications for sanction to borrow money for works of sewerage, sewage disposal, etc.:—

URBAN DISTRICTS.

Horsforth, Mirfield, Morley and Shipley.

RURAL DISTRICTS.

Doncaster (Austerfield), Hemsworth (Shafton), Knaresborough (Killinghall), Pateley Bridge (Fountains Earth and High and Low Bishopside), Skipton (Addingham and Linton), Thorne (Thorne and Stainforth), Wharfedale (Arthington and Bramhope).

Investigations or inquiries were also made by the Department regarding drainage, sewerage, etc., in the following areas:—

URBAN DISTRICTS.

Denby and Cumberworth, Hemsworth, Hipperholme and Shelf.

RURAL DISTRICTS.

Doncaster (Sprotborough), Hemsworth (South Kirkby), Thorne (Thorne), Wetherby (Kirkby Overblow), Wharfedale (Esholt).

Water Supplies.

During the year the activity of some Local Authorities in connection with water supplies has continued, and it is noteworthy that several of the Rural Authorities in the Riding have taken advantage of the financial assistance offered by the Government under the provisions of the Rural Water Supplies Act, 1934.

Under the above Act, the Government provided £1,000,000 to assist in the provision or improvement of water supplies in rural areas in England and Wales. Certain conditions laid down by the Minister of Health had to be observed by applicants, one being that unless exceptional circumstances existed, grants would only be made from the above fund when the County Council and the Rural District Council concerned contributed their fair share of the cost.

To the end of the year under review grants have been made by the County Council in connection with water schemes, as shown in the following statement:—

RURAL WATER SUPPLIES ACT, 1934.

SCHEDULE OF GRANTS IN AID OF SCHEMES FOR THE PROVISION OF WATER SUPPLIES.

Name of Authority to whom grant is made	Townships or Districts. to be supplied	Estimated cost of works	Amount of grant made by County Council
		£	£
Bowland Rural	Gisburn Forest	450	75
Do.	Rimington	1,200	150
Goole Rural	Adlingfleet and Fockerby	1,602	250
Great Ouseburn Rural	Nun Monkton	3,000	750
Hemsworth Rural	Winterset	1,050	400
Do.	Skelbrooke	1,850	500
Do.	Walden Stubbs	925	500 { Annual Payments
Do.	Ackworth Kirk Smeaton Little Smeaton North Elmsall Thorpe Audlin and Upton	25,061	
Kiveton Park Rural	Anston Dinnington Firbeck Gildingwells Harthill-with-Woodall Letwell St. John's-with-Throapham Thorpe Salvin Todwick Wales and Woodsetts	25,157	5,750
Penistone Rural	Greenmoor, Hunshelf	1,536	275
Do.	Sim Hill and Eastfield Thurgoland	735	125
Pontefract Rural	Whitley	2,205	350
Do.	Womersley	2,117	
Rotherham Rural	Aston, Ulley and Thurcroft	2,547	600
Do.	Aston	317	75
Do.	Thurcroft	208	25
Do.	Thrybergh and Hooton Roberts	1,565	325
Do.	Wickersley	179	25
Do.	Whiston	453	100
Selby Rural	Newland	2,514	625
Do.	Long Drax	1,360	400
Skipton Rural	Hartlington	1,500	200
Tadcaster Rural	Grimston Kirkby-cum-Milford Ryther-cum-Ossendyke Stutton-cum-Hazelwood Towton and Ulleskelf	6,376	1,000
Wetherby Rural	Wike	1,550	450
Wharfedale Rural	Askwith	1,400	250
			£18,200

During the year the Ministry of Health held Local Inquiries into applications for sanction to borrow money for works in connection with water supplies as under:—

URBAN DISTRICTS.

Holmfirth.
Horsforth.

RURAL DISTRICTS.

Great Ouseburn—Nun Monkton.
Wetherby—Wike.

Inquiry or inspection with regard to water supplies were made by the County Sanitary Inspectors in the following areas:—

URBAN DISTRICTS.

Gildersome.
Guiseley.
Shelf.

RURAL DISTRICTS.

Doncaster—Warmsworth and
Sprotborough.
Halifax—Norland.
Hemsworth—North Elmsall.
Pateley Bridge—Menwith-with-Darley.
Wetherby—Eastern Areas Supply.
Wharfedale—Askwith.
Todmorden—Wadsworth.

Collection and Disposal of Refuse.

In the West Riding, Sanitary Authorities are giving careful attention to securing proper means of storage for domestic refuse, and its prompt and efficient removal. In some districts however, the use of carts or wagons primarily designed for the purpose of refuse removal would be advantageous.

In the Urban parts of the Administrative Area, scavenging is almost entirely undertaken by the Local Authorities. In some districts the work is done by direct labour, in others contractors are employed, and in rural areas public scavenging is being more extensively adopted. In only one instance during the year was any inquiry as to scavenging necessitated by this Department.

The method of disposal of refuse in some areas cannot be regarded as satisfactory, as there are still too many refuse tips, where the refuse is only tipped and left, or at the best only "straightened up" occasionally. These uncontrolled tips are unsightly, insanitary, and dangerous, they encourage rat infestation, and are the hunting ground of the "tatter" on the look out for rags, jam jars, bottles and other saleable material. In some cases these tips are frequented by children who search for numerous articles which they can use or adapt for use as toys.

It cannot be urged too strongly on Local Authorities that wherever the system of tipping refuse is in operation, the "controlled" system should be adopted.

During the year investigations were made in respect of the methods of refuse disposal in six urban districts.

Sanitary Accommodation.

The table below gives the percentage of closets on the water-carriage and conservancy systems respectively in the urban and rural areas comprising the Administrative County, for each of the five years 1931 to 1935 inclusive.

	Urban Areas.					Rural Areas				
	1931	1932	1933	1934	1935	1931	1932	1933	1934	1935
Water-Carriage System ...	86.98	88.93	89.87	90.29	90.98	62.15	64.54	65.65	68.24	68.34
Conservancy System ...	13.02	11.07	10.13	9.71	9.02	37.85	35.46	34.35	31.76	31.66

It will be observed that the water-carriage system is still growing, though the progress appears slower than formerly. In the populous areas, where sewers and public water supplies exist, the conveniences are now usually on the water-carriage system. It is only in the sparsely populated urban areas, and in those rural areas where public water supplies, or sewers, or both are non-existent, that conveniences on the conservancy system are found to any great extent. In many of these places, the necessary facilities, *i.e.*, piped water supplies and efficient sewers, are only being provided comparatively slowly on account of the heavy cost involved.

The number of privies replaced by water closets during 1935 was 3,137, and 1,322 additional water closets were provided for existing property. The number of water closets provided in connection with newly built properties totalled 8,813.

During the year Officers of the Department made inspection or inquiry regarding sanitary accommodation in 8 urban and 7 rural areas.

Poisons and Pharmacy Act, 1908,

On January 1st, 1935, there were 19 persons holding licences under the above Act, and 7 others held assistants' licences. No change took place during the year.

Owing to pressure of other duties the usual inspections of premises, registers, etc., were not made during 1935.

Milk Supplies.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

As from May 1st, 1935, the Milk Marketing Board put into operation its "Accredited Producers" scheme, under which the producer receives an extra penny per gallon for all milk produced under the scheme. In order that a producer may receive this premium it is necessary for him to hold a Grade "A" licencee.

Immediately it was known the scheme was to come into operation, there was a large number of applicants for the necessary licence, and these applications continued up to the end of the year (and still continue), and it was found necessary, in order to cope with the applications in a reasonable time, to curtail, so far as practicable the other activities of the County Sanitary Inspectors, so that as much time as possible could be given to this work.

The North Eastern Branch of the Sanitary Inspectors Association, through their Secretary, Mr. T. E. Birtwistle of Castleford, intimated the willingness of the Members to give every assistance possible in connection with the matter, and I desire to record here my appreciation of the work so kindly performed.

The scheme adopted in the West Riding in connection with these applications is as follows:

On receipt by the County Council of an application for a licence the Local Sanitary Inspector is informed and he inspects the farm premises, etc., and returns a report to the County Medical Officer upon the conditions as he finds them, together with a statement of any necessary alterations in connection with the premises, equipment or methods of production. From this report, and if necessary a short personal inspection by an officer of this Department, a statement embodying the recommendations as to what is necessary is forwarded to the applicant who is informed that when these recommendations have been complied with and a sample of milk produced at the farm is shown on bacteriological examination to conform to the required standard, the necessary licence will be granted.

A copy of the recommendations is also forwarded to the Sanitary Inspector of the Local Authority in whose area the applicant's farm is situated, and he is invited to supervise any alterations, etc. necessary, and to notify this Department upon their completion.

The requirements of the County Council as regards premises, equipment and methods are approximately as follows:—

Cowshed.

Situation. Preferably two walls at least should be open to the external air. A clean dry approach to the shed for the cows is desirable, and a free passage for the removal of the milk. Manure dumps must be kept well away from cowsheds, and wherever conditions are such as to render it possible there should be no openings, other than doorways, properly fitted with doors, into any barn, food store, etc.

Size. No hard and fast rule can be laid down in regard to existing buildings; the following particulars, however, give some idea of what is desirable:—

IN A SINGLE RANGE COWSHED:—

Width without feeding passage	15-ft. 0-in.
Width with feeding passage	18-ft. 0-in.

In Bulletin No. 40 issued by the Ministry of Agriculture and Fisheries, the following appears:—

"In adapting old buildings it may be possible in extreme cases and for very few cows, to utilise an existing width of 13 feet, but this is an absolute minimum and is not really satisfactory."

It can be taken that as an absolute minimum in a single range shed and containing only a small number of cows that 13-ft. 0-in. is required from head of cows to rear wall, and the distance from heelstone to back wall will need to be 5-ft. 6-in.

IN A DOUBLE RANGE COWSHED WITH COWS FACING WALLS:—

Width without feeding passage	26-ft. 0-in.
Width with feeding passage	32-ft. 0-in.

Double range sheds with cows facing outwards must have a maximum of 8 feet between the two heelstones, and where cows face each other the centre passage should be at least 6 feet wide.

With regard to height, where the shed is a one storey structure, the height at eaves may be as low as 7-ft. 3-in. or 7-ft. 6-in., but where the cowshed has a hayloft, etc. above it, a minimum height of 8-ft. 0-in. is desirable. If below 7-ft. 6-in., the ceiling will probably need to be raised.

Lighting.—The lighting of the Cowshed should be such as to present no difficulty on a reasonably bright day—with doors closed—in discerning condition of walls and floors in any part of the shed as regards cleanliness. A minimum of three super feet of glass per cow is necessary to effect this, and where possible lighting should be from the roof of the shed, and the windows should be so arranged as to throw a good light on to the rear quarters of cows, standings, and manure channels.

Artificial Light. Means for lighting of premises by electricity, gas, or oil lamps, should be provided.

Ventilation. Efficient ventilation is very essential in a cowshed and in many old places this is most difficult to provide. Adequate provision must be made for admission of fresh air to the shed and for the egress of fouled air, and here again it is practically impossible to lay down any hard and fast rule—nearly every case needs different treatment. Where possible, however, inlets for fresh air, independent of window openings, should be provided at convenient points near the heads of the cattle, while for outlets, openings in the ridge of the roof are generally best. In practice it is found that area of outlets should slightly exceed area of inlet ventilation.

Floors. The floor of a cowshed should be of a hard, durable, impervious material throughout, and so constructed that it can be readily kept clean. The floor must drain to a properly constructed channel discharging over a drain inlet in the open air. It is suggested that manure channels be at least 2-ft. 0-in. wide, 3-ft. 0-in. wide is better, and at the heelstone the channel should be 8-in. or 9-in. deep, and 3-in. to 4-in. deep at rear passage side. No drain inlet must exist in any cowshed.

Internal Walls. Unless the internal walls are fairly smooth and capable of easy cleansing, they must be cement rendered to a height of 4-ft. 6-in., and this cement rendering should not be limewashed, but washed down as required.

Fittings. All fittings, etc., whether of wood, concrete, steel, or other substance, must be regularly cleansed and kept clean and free from dust. It is recommended that hayracks be discarded on account of difficulty in cleansing and their liability to harbour dirt.

Eaves Gutters, etc. All buildings should be provided with efficient eaves gutters and fall pipes, so that the roof water may be drained away, and these should not discharge onto yard surface.

***Milk Room.** For cooling and bottling of milk, a separate room is very desirable. The size of course will depend upon the number of cows kept and whether milk is to be bottled or sold wholesale. Generally, however, it may be taken that a reasonable size is 10-ft. 0-in. by 8-ft. 0-in. by 8-ft. 0-in. high. Floor should be of concrete, draining to a gully outside. Internal walls should be smooth and easily cleaned. Efficient lighting and ventilation will be necessary and a good and pure supply of water must be laid on.

If it can be arranged economically the milkers should not enter the milk room, but pour milk into a covered receiver (in a tipping passage) which delivers the milk over the cooler (which must be provided) by way of a pipe going through the wall of the milk room.

***Sterilising and Wash-up Room.** If at all possible it is advantageous to have this room adjoining and under the same roof as the milk room, the partition wall between the two having a doorway with sliding door, for convenient communication between the two places.

Here again, the size depends on size of herd, and whether bottling of milk is to be carried on. However, having regard to the fact that there must be a sterilising chest, wash tank, table, etc., in the room, it will be apparent that 10-ft. 0-in. by 8-ft. 0-in. is a reasonable size. Efficient lighting and ventilation, with easy means of exit for waste steam, will need to be provided. The walls, so far as internal surfaces go, should be smooth and easily kept clean. The floor should be of concrete, draining over a properly trapped gully situate in the open air.

*The following modifications as to Milk and Sterilising Rooms will be accepted:—

In the case of producers who dispose of their milk *in bulk only* they will be permitted the use of one room for the cleansing and sterilisation of utensils, etc., and cooling the milk, but in this case it should be distinctly understood that the room must be of a size affording a floor space of not less than 80 super feet, as it will need to provide accommodation for wash tank, sterilising chest, cooler and milk churns, etc. The floor and walls must be of impervious material; the floor must drain over a gully in the open air, and the internal walls must be cement rendered, or otherwise treated in such manner as to render them capable of being easily cleaned and not retentive of dust. This room must not have direct communication to any cowshed, stabling, etc.

Although the above arrangement will be accepted it is desired to point out that a system of *separate rooms* for the cleansing and sterilisation of utensils and the cooling and storing of milk is *desirable* and whenever this can be obtained readily and economically applicants are strongly advised to provide these separate rooms.

A steam boiler of some kind is necessary for generating steam and supplying means for heating water, and it is advised that it be of a size easily sufficient to meet all demands that are likely to be made upon it. It is recommended, though this is not absolutely essential, that the boiler be housed in a small apartment separate from the sterilising room. The position of the milk room in relation to the cowsheds is of importance, and where possible they should be in close proximity.

Water Supply. A pure and adequate supply of water must be available on the farm premises, and it is recommended that it be laid into each cowshed in such a position that it is readily convenient for swilling purposes. If any doubt exists as to the purity of the supply, an examination of the supply will be made by this Department, at no cost to the applicant. No work involving alterations to buildings should be carried out until a pure and adequate supply of water is available.

Methods.

Given the most up-to-date and expensive buildings and equipment, clean milk cannot be systematically produced unless continual care is exercised as regards cleanliness by the personnel. It is undisputed that methods and personnel are even more important than premises and equipment, though of course reasonably sanitary structures and equipment help in the production of a clean milk supply. The following suggestions may be found of use in helping towards the production of a clean milk supply.

(1) **Cleanliness of Premises.** (a) Water troughs, water cisterns, etc., should at all times be kept clean and free from contamination.

(b) Swine and poultry should at all times be excluded from cowsheds, milk room, etc. No dogs, cats or other domestic animals should be allowed in milk rooms.

(c) All interior surfaces of cowsheds, including walls, ceilings, roofs, floors and fittings of any description should be continually kept clean, free from dirt and dust.

(2) **Cleanliness of Milkers, etc.** (a) Milkers or anyone engaged in bottling, handling, measuring milk or dealing with churns or other utensils, should be scrupulously clean in their persons, and should be provided with overalls or coats to wear.

(b) Provision should be made for milkers to enable them to wash and dry their hands, which should be kept thoroughly clean during milking operations.

Wet milking should not be permitted.

The first stream of milk from each teat (the fore milk) should be rejected.

Covered pails or those of the dome top type should be used where hand milking is in operation.

(3) **Storage and Treatment of Milk.** (a) The milk should not be placed or kept in any position where it is liable to become contaminated and vessels containing milk should be properly covered so as to protect contents from dust, flies, etc.

(b) All vessels and appliances used for containing, measuring or storing milk should at all times be kept scrupulously clean, and when not in use, should be stored in a place set apart for the purpose, *i.e.*, the sterilising room or milk room, and be protected from dust and dirt.

(c) Vessels and appliances, including lids, milking machines, etc., should be thoroughly washed after each time of use, and should be cleansed and sterilised before being used again. Nothing should be used in the cleansing of the vessels which might affect the milk or injure those consuming it.

Milk vessels or appliances should not be used for purposes other than the containing of milk.

(d) Milking should be carried on in a good light, and for this purpose windows should be kept clean, and in dark weather, all lamps should be maintained in good and proper order, and should be lit prior to the commencement of milking.

(e) Before milking is begun, all dirt in or around the flanks, udder and teats of each cow should be removed, and the udder and teats should be cleansed by thorough washing.

(f) All milking stools should be kept thoroughly clean.

(g) As soon as possible after milking, the milk of each cow should be removed from the cowshed to the milk room.

(h) No dry bedding or other dusty matter should be moved in the cowshed during milking or within half an hour before the milking commences.

(4) **Cooling.** Milk should be cooled without delay to a temperature of not more than 5°F. higher than the temperature of the water supply available for cooling.

NOTE.—With a view to assisting milk producers to obtain licences with as little delay as possible, it has been decided that *during the winter months, viz.,* October to April inclusive, when the cows sleep in the sheds, alterations to floors, walls and ceilings, etc., may be impracticable, and if the premises are satisfactory, or *made satisfactory* in all respects *except floors, walls and ceilings*, and the necessary equipment exists for washing and sterilisation of utensils and the cooling of milk, and if *two samples of milk* taken from such premises at intervals of not less than 7 days prove to conform to the required standard, then subject to the applicant handing to the County Council a *written undertaking* to carry out the necessary alterations to floors, walls and ceilings, etc. of his cowshed in accordance with the specification of the County Medical Officer and within a period specified by him, then in such case the undertaking will be accepted and a licence issued, it being clearly understood in this case that the licence will be revoked, if

(a) the necessary works are not completely and satisfactory complied with in accordance with the specification, or

(b) two successive unsatisfactory samples of milk are obtained.

It will be noted from these remarks that in certain cases the County Council is prepared to issue licences providing the farmer gives a written undertaking that the Council's requirements relating to equipment and methods and construction of premises are complied with by a specified time. Quite a number of producers have taken advantage of this concession.

The policy of the County Council in this matter has been fiercely attacked by many milk producers who have alleged that the requirements in the West Riding are very stringent in comparison with those of certain neighbouring Authorities. It is fair to say, however, that some of these critics frankly admitted that they did not consider the County Council's standard too high but their grievance was that the requirements of other Authorities were too low, consequently it was alleged that West Riding farmers were made to suffer at the hands of farmers in other counties who were able to secure the penny per gallon for their milk despite the fact that their licensed premises in many cases were far less satisfactory than those of applicants in the West Riding to whom licences had been refused.

The number of licence holders in the West Riding is admittedly small as compared with those of certain other nearby counties, probably for the reason given above, namely, that some authorities accept a much lower standard of conditions, etc., than the West Riding County Council is disposed to accept.

On December 31st, 1935, there were in the West Riding area 201 licensed producers of Grade "A" milk, of whom 55 also held licences issued by the County Council for bottling such milk.

During the year 365 samples of Grade "A" milk produced in the Administrative Area were submitted for bacteriological examination by the County Sanitary Inspectors, exclusive of samples of Grade "A" milk as supplied to schools, particulars regarding which are given elsewhere in this Report. Of these 365 samples, 319 equal to 87.4 per cent. were satisfactory, while the remaining 46 equal to 12.6 per cent. were not up to the required standard.

The table below gives the results of bacteriological examinations of Grade "A" milk, year by year, since the first licence was issued by the County Council in 1924.

Bacteriological examination of Grade "A" Milk.

Year.	No. of Licensed Producers at end of each year.	Total Samples examined.	Up to Standard.	Below Standard.
1924.	2	6	3	3
1925.	5	32	19	13
1926.	10	69	52	17
1927.	20	98	72	26
1928.	23	115	89	26
1929.	22	137	120	17
1930.	25	128	106	22
1931.	25	157	134	23
1932.	28	168	144	24
1933.	28	181	162	19
1934.	29	170	152	18
1935	201	365	319	46

The usual routine inspections of premises of Grade "A" licence holders have been made during the year, and on the whole little fault was found with regard to the way in which licence holders conducted their premises.

SUPPLY OF MILK TO SCHOOL CHILDREN.

Liquid milk is supplied in one-third pint bottles to school children. During the year 1935 the actual number of bottles of milk supplied to elementary and secondary schools was:—

17,562,456 bottles of pasteurised milk, and

5,590,543 bottles of raw milk.

23,152,999

The average number of bottles supplied per day was 105,241.

The number of contractors supplying the milk totalled 108, of which 17 supplied pasteurised milk and 91 raw milk.

All premises from which the milk supply for schools is obtained are inspected prior to approval, and re-inspected at intervals or as occasion demands.

Samples of milk are obtained periodically for bacteriological examination, and the following table gives the results of such examinations:—

Class of Milk.	Satisfactory.	Unsatisfactory.	Totals.
Grade "A"	1	1	2
Pasteurised	38	12	50
Ordinary	219	82	301
Totals	258	95	353

The standards adopted for school milk are as follows:—

Certified. Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Grade "A" (Tuberculin Tested). Not to contain more than 200,000 bacteria per c.c. or any coliform bacilli in 1/100 c.c.

Grade "A." Not to contain more than 200,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Grade "A" Pasteurised. Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Pasteurised. Not to contain more than 100,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Other Milk. Not to contain more than 300,000 bacteria per c.c., or any coliform bacilli in 1/1000 c.c.

In addition to the examination for bacterial content a large number of the above samples were examined for the presence of the tubercle bacillus.

This was found in three samples of pasteurised milk and thirteen of ordinary milk. Investigations were made by the Chief Veterinary Officer in each case, one pasteurised sample involving the visitation of 44 farms, and the examination of 704 cows; another sample, 12 farms and 205 cows; and the third, 3 farms and 92 cows. The Local Authorities in whose area the pasteurisation plants are situate and from which the samples containing tubercle bacilli were obtained were notified so that they might take any necessary action.

MILK AND DAIRIES CONSOLIDATION ACT, 1915.

Statutory notices under Section 4 of the above Act were received from Medical Officers of Health of adjoining Local Authorities regarding milk sent into their districts, stating that there was reason to suspect that tuberculosis was caused or was likely to be caused by the consumption of the milk. On receipt of such notifications, arrangements were made with the Chief Veterinary Officer to make an early examination of the milk-producing animals on the farm. Samples of milk were collected from cows showing suspicious signs, and group samples were also taken from the remainder of the herd for examination in the County Laboratory. Where tubercle bacilli were discovered, arrangements were made by the Veterinary Department for the immediate slaughter of the affected animals.

Notifications were received during the year from the following Authorities:—

Bradford	...	...	...	...	...	...	...	...	...	10
Dewsbury	...	...	...	...	...	...	...	...	...	1
Huddersfield	...	...	...	...	...	...	...	...	...	2
Leeds	...	...	...	...	...	...	...	...	...	2
Manchester	...	...	...	...	...	...	...	...	...	2
Rotherham	...	...	...	...	...	...	...	...	...	12
Salford	...	...	...	...	...	...	...	...	...	3
Sheffield	...	...	...	...	...	...	...	...	...	9
Wakefield	...	...	...	...	...	...	...	...	...	4
York	...	...	...	...	...	...	...	...	...	4
Lancashire C.C.	...	...	...	...	...	...	...	...	...	1

Food and Drugs (Adulteration) Act, 1928.

Quarterly Report of Samples taken during 1935.

District.	Sampling Officer.	Samples taken during 1935.				
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
Harrogate	W. B. Greenwood	108	100	73	99	380
Mexborough	R. Hutchison	107	70	73	133	383
Mirfield	E. Ward	126	135	137	103	501
Pontefract	H. F. Wilkinson	79	93	79	109	360
Rothwell	T. A. Bramley	91	92	93	95	371
Shipley	W. Bates	112	102	99	96	409
Skipton	T. S. Roberts	96	84	80	85	345
Sowerby	E. Bell	126	99	96	105	426
Wombwell	A. Nobbs	96	94	62	85	337
Total samples taken by Sampling Officers ...		941	869	792	910	3,512
Local Authorities ...		169	171	203	344	887
Total Samples ...		1,110	1,040	1,005	1,254	4,399

The above total includes 26 "appeal to the cow" samples (i.e., samples direct from the farm at the time of milking), which frequently entail early morning visits. Of the 26 samples, 17 were obtained by our Sampling Officers and 9 by Local Authorities.

Excluding the "cow" samples, 2,311 samples of milk were collected by our Officers, and 833 by local Sanitary Inspectors, making a total of 3,144, and of this total 183 or 5·8 per cent. were adulterated.

Record of Samples for Five Years, 1926-1930 and for Five Years, 1931-1935.

Year.	Total samples submitted by		Total examined.	Total adulterated.	Percentage adulterated.
	County Council.	Local Authorities.			
1926	2926	688	3614	165	4·6
1927	2989	803	3792	172	4·5
1928	3034	792	3826	193	5·0
1929	2807	706	3513	207	5·8
1930	3153	702	3855	187	4·8
Average for 5 years, 1926-30	2982	738	3720	185	5·0
1931	3241	741	3982	201	5·0
1932	3308	858	4166	232	5·6
1933	3305	876	4181	263	6·2
1934	3233	858	4091	224	5·4
1935	3495	878	4373	210	4·7
Average for 5 years, 1931-35	3316	842	4158	226	5·3

It will be observed that 210 samples (or 4·8%) were reported against during the year, and these were 183 of milk and 27 other, namely:—Coffee 1, Digestive Tea 1, Dried Mint 1, Dripping 1, Egg and Milk Toffee 1, Iodised Salt 1, Jam 1, Malted Oatmeal 2, Meat and Malt Wine 1, Orange Quinine Wine 1, Pepper 1, Pineapple Cream 1, Potted Meat 5, Powdered Gentian 2, Rum and Butter 2, Sausage 3, Sulphur and Limefruit Lozenges 1, Sweet Spirit of Nitre 1.

The extent of adulteration in many instances only necessitated a caution, but in regard to 11 samples of Milk, and one each of Coffee, Meat and Malt Wine, Powdered Gentian, Rum and Butter, and Sausage, proceedings were instituted.

Particulars of Milk Samples obtained by County Sampling Officers during the past Five Years.

Year.	Genuine.	Adulterated.	Total	Percentage Adulterated.
1931	2480	181	2661	6·7
1932	2175	151	2326	6·9
1933	2089	154	2243	6·8
1934	2141	138	2279	6·0
1935	2180	131	2311	5·6

Milk Samples taken by Local Authorities.

The following table shows the number of samples submitted by Local Authorities. With few exceptions, each Authority submits samples of milk under an arrangement whereby the County Council pays for the cost of analysis of such samples, and conducts any subsequent proceedings:—

Barnoldswick 48	Hebden Bridge 4	Todmorden B. 6
Batley 77	Hemsworth 33	Wath-upon-Deerne ... 11
Bentley 28	Hoyland Nether 21	Whitwood 9
Birstal 24	Ilkley 30	Wombwell 13
Bolton-on-Deerne ... 6	Maltby 15	Hemsworth R. 17
Brighouse 23	Mexborough 15	Kiveton Park R. ... 24
Castleford 35	Normanton 8	Knaresborough R. ... 12
Cudworth 7	Ossett 13	Pontefract R. 4
Elland 39	Pudsey 20	Ripon R. 4
Garforth 7	Rothwell 57	
Golcar 16	Royston 6	
Harrogate 198	Stanley 12	
		842

PUBLIC VACCINATION.

A summary of the yearly returns supplied by Vaccination Officers for the past five years gives the following information:—

Year.	No. of Births in the Administrative County Area.	No. of Certificates of successful vaccination.	No. of Certificates of insusceptibility.	No. of Statutory Declarations of Conscientious Objection.	Others.
1930	24,843	7,340 (29·5%)	84	14,801 (59·6%)	2,618
1931	23,652	6,630 (28·03%)	82	14,443 (61·1%)	2,497
1932	22,848	6,243 (27·3%)	75	14,159 (61·95%)	2,371
1933	21,522	5,283 (24·54%)	53	14,051 (65·24%)	2,135
1934	21,660	5,251 (24·24%)	34	14,329 (66·15%)	2,046

There are 159 Public Vaccinators under contract to perform vaccinations and re-vaccinations in the 170 vaccination districts, and at the 17 County Institutions.

There are also 64 Vaccination Officers, 16 of whom are paid by salary and 48 by fees. Three hold appointments with neighbouring County Boroughs and 54 are Registrars of Births and Deaths, or have appointments under the Public Assistance Committee.

The tables set out below indicate the work done under the Vaccination Acts in the Administrative County Area during the year ended 30th September, 1935.

	No. of successful primary vaccinations of persons.			No. of successful re-vaccinations.
	Under 1 year of age.	1 year and upwards.	Total.	
Performed by Public Vaccinators	4234	270	4504	108
Performed by Medical Officers of County Institutions ...	27	9	36	2
	4261	279	4540	110

Detailed figures relating to the vaccinations and re-vaccinations performed by each Public Vaccinator and Medical Officer of a County Institution are given below:—

VACCINATIONS PERFORMED IN COUNTY INSTITUTIONS, YEAR ENDED 30TH SEPTEMBER, 1935.

Name of County Institution.	Name of Medical Officer.	Primary Vaccinations			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
Great Ouseburn	J. M. Benson	—	—	—	—
Hemsworth	T. C. A. Sweetnam	3	—	3	—
Keighley	T. L. Walker	—	1	1	—
Knaresborough	C. H. Steinbach	4	—	4	—
Penistone	A. A. Masser	1	—	1	—
Pontefract	G. Burnett	2	—	2	—
Sedbergh	T. W. Rothwell	12	1	13	2
Settle	B. S. Hyslop	—	—	—	—
Skipton	W. H. Robinson	—	—	—	—
Tadcaster	J. P. Scatchard	—	—	—	—
Todmorden	H. Thorp	—	7	7	—
Wetherby	J. A. Hargreaves	—	—	1	—
Wharfedale	W. H. Galloway	—	—	—	—
Goole	A. M. Erskine	—	—	—	—
Ripon	S. Hey	1	—	1	—
Selby	O. L. Scarborough	3	—	3	—
Wortley	A. Anderson	—	—	—	—
		27	9	36	2

Vaccination of Children whose Births were registered from 1st January to 31st December, 1934, inclusive.

Name of Vaccination Officer	Vaccination District	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December 1934	Number of these Births duly entered by 31st January, 1936, in Columns I, II, IV, and V of the "Vaccination Register" (Birth List Sheets), viz.					Number of these Births which on 31st January, 1936, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st Jan., 1936, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return)	Total number of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1935	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1935.	Number of Children vaccinated after declaration of Conscientious Objection had been made.	Total number of Certificates of Successful Vaccination for year 1935 sent to other Vaccination Officers.
			Column I Successfully Vaccinated	Column II Insusceptible of Vaccination Had Smallpox		Column IV Number in respect of whom Statutory Declarations of Conscientious Objection have been received	Column V Died Unvaccinated	Postponement by Medical Certificate	Removal to Districts, the Vaccination Officers of which have been duly apprised	Removal to places unknown, or which cannot be reached; and Cases not having been found					
W. Roberts ...	Bowland Rural ...	36	18	—	—	16	1	—	—	1	—	13	21	—	1
M. A. Hargreaves ...	Do. ...	6	3	—	—	2	—	1	—	—	—	2	4	—	—
J. Peters ...	Do. ...	1	—	—	—	1	—	—	—	—	—	1	—	—	—
G. Kayley ...	Garsdale (Sedbergh) ...	6	2	1	—	3	—	—	—	—	—	2	6	—	—
W. Batty ...	Sedbergh ...	26	8	—	—	12	3	—	—	1	2	18	17	—	—
W. Slinger ...	Bentham (Settle) ...	83	16	—	—	58	4	1	—	1	3	23	52	—	4
C. Parker ...	Settle and Long Preston	97	48	—	—	46	2	—	—	1	—	39	58	—	3
G. J. Harker ...	Grassington (Skipton) ...	20	6	—	—	12	1	—	—	—	1	7	10	—	1
S. H. Day ...	Kettlewell (Skipton) ...	11	10	—	—	1	—	—	—	—	—	2	2	—	—
G. D. Hunt ...	Gargrave (Skipton) ...	21	11	—	—	6	1	—	—	—	3	13	6	—	—
J. E. Attack ...	Addingham (Skipton) ...	29	9	—	—	18	1	—	—	1	—	4	19	—	—
D. Slater ...	Barnoldswick, etc. ... (Skipton)	448	41	—	—	364	18	5	5	5	10	56	336	—	3
T. C. Crawhall ...	Gt. Ouseburn ...	563	256	—	—	241	23	1	31	3	8	240	230	—	9
J. Clark ...	Knaresborough ...	134	63	—	—	57	6	—	4	—	4	64	66	—	2
Mrs. M. E. Bowes ...	Harrogate ...	552	208	1	—	296	21	8	5	13	—	227	290	—	18
G. E. Wilkinson ...	Pateley Bridge ...	86	40	—	—	36	2	—	—	—	8	31	57	—	—
F. S. Metcalfe ...	Ripon ...	197	89	—	—	99	6	1	—	—	2	92	93	—	—
W. Bortoft ...	Tadcaster ...	153	115	—	—	27	10	—	—	1	—	115	28	—	18
W. Wormald ...	Aberford ...	270	112	—	—	134	14	2	—	—	8	103	132	—	15
S. C. Mellor ...	Wetherby ...	171	80	1	—	67	6	6	2	9	—	124	64	—	31
R. A. Wilkinson ...	Bishophthorpe ...	23	12	—	—	11	—	—	—	—	—	10	16	—	2
G. C. Clarke ...	Horsforth ...	271	106	3	—	125	9	11	10	1	6	110	158	—	21
H. Wood ...	Ilkley and Otley ...	354	127	1	—	168	17	5	5	17	14	128	158	—	8
G. C. Clarke ...	Yeadon ...	293	40	—	—	226	15	4	6	2	—	58	196	—	7
J. A. Sharp ...	Keighley ...	682	19	—	—	618	38	1	3	3	—	22	627	1	—
Miss A. Hartley ...	Bingley ...	182	16	—	—	159	5	—	1	—	1	25	149	—	6
W. H. Ogden ...	Haworth ...	48	—	—	—	48	—	—	—	—	—	1	58	—	—
L. M. Greenwood ...	Wilsden ...	53	1	—	—	44	1	1	—	—	6	—	38	—	—
C. W. Calverley ...	Farsley ...	82	39	—	—	39	3	—	—	1	—	48	41	—	6
H. Darnbrough ...	Drighlington ...	49	6	—	—	41	—	—	—	2	—	8	59	—	—
A. Hotchin ...	Pudsey ...	157	49	—	—	101	3	2	—	2	—	53	67	—	12
L. Clough ...	Shipley ...	551	50	—	—	450	18	12	5	13	3	64	412	—	10
F. Higginson ...	Cleckheaton ...	112	9	—	—	96	4	—	—	3	—	16	115	—	4
F. Madders ...	Sowerby ...	363	51	3	—	289	17	—	—	—	3	70	317	—	11
A. Sutcliffe ...	do. ...	306	20	1	—	269	8	—	—	3	5	42	248	—	12
J. H. Hindle ...	Todmorden ...	323	30	—	—	277	12	2	—	2	—	45	242	—	7
W. H. Holt ...	Batley and Gomersal ...	606	107	1	—	430	21	1	—	—	46	89	454	—	1
Miss G. Wormald ...	Gildersome ...	29	6	—	—	21	2	—	—	—	—	5	44	—	3
H. Jackson ...	Liversedge ...	290	46	—	—	231	10	—	2	1	—	53	245	—	1
E. R. Brearley ...	Mirfield ...	144	26	—	—	108	6	1	—	3	—	32	92	—	—
Miss E. W. Haigh ...	Morley ...	290	54	—	—	212	15	2	6	1	—	45	236	—	2
J. T. Smith ...	Ossett ...	177	35	—	—	122	4	—	—	16	—	29	144	—	6
W. Town ...	Horbury and Normanton, etc. ...	1,229	317	1	—	812	53	5	5	7	29	372	815	—	35
Mrs. L. I. Dodsworth ...	Hemsworth East ...	664	191	—	—	426	27	9	3	8	—	211	411	—	3
I. Scott ...	Do. West ...	640	273	1	—	312	32	6	—	16	—	271	258	—	13
W. Town ...	Pontefract ...	1,763	417	5	—	1,147	76	17	4	47	50	430	1,158	1	16
H. S. Miller ...	Goole ...	532	120	4	—	377	18	—	4	9	—	99	334	—	1
W. B. Weaver ...	Selby ...	240	106	1	—	129	1	—	—	3	—	102	137	—	3
F. Grisedale ...	Bolton-upon-Deane ...	1,404	306	1	—	956	84	4	18	14	21	342	938	—	19
A. J. Thorsby ...	Bawtry and Tickhill ...	598	186	—	—	256	37	—	7	112	—	228	246	—	23
J. Thurgood ...	Adwick-le-Street ...	754	152	—	—	463	37	5	2	28	67	171	437	—	19
H. E. Newton ...	Thorne ...	713	143	—	—	475	20	7	—	22	46	140	439	—	4
E. Hammerton ...	Darfield and Darton ...	1,207	287	—	—	837	60	7	1	6	9	286	794	2	21
W. Taylor ...	Worsborough ...	294	79	1	—	196	14	—	—	4	—	111	221	—	9
B. J. B. Marsden ...	Stocksbridge ...	222	65	—	—	150	6	—	1	—	—	79	122	—	23
W. G. Wild ...	Wortley ...	40	13	—	—	25	1	1	—	—	—	16	21	—	1
H. Dowson ...	Ecclesfield ...	189	79	—	—	96	4	1	1	2	6	77	108	—	5
H. Redfearn ...	Penistone ...	219	49	—	—	150	8	2	—	6	4	32	148	—	1
E. Firth ...	Colne and Holme Valley ...	651	148	2	—	454	30	10	—	6	1	135	463	—	3
A. Smith ...	Saddleworth ...	99	9	—	—	86	3	—	—	1	—	14	75	—	1
Miss J. Lees ...	Springhead ...	53	8	—	—	42	3	—	—	—	—	8	36	—	—
F. S. Butcher ...	Rotherham Rural ...	295	96	2	—	181	7	—	3	6	—	98	183	—	9
W. J. Blyth ...	Rawmarsh ...	295	38	2	—	234	5	5	—	2	9	29	238	—	2
G. C. Hearn ...	Maltby ...	564	106	2	—	395	26	—	5	4	26	155	398	1	3
T. H. Harrison ...	Wath-upon-Deane ...	472	46	—	—	373	11	2	5	4	31	47	353	—	2
C. F. Airey ...	Anston ...	228	33	—	—	176	4	—	1	4	10	35	192	—	—
		21,660	5,251	34	—	14,329	894	148	145	417	442	4,617	14,032	6	440

VACCINATIONS PERFORMED IN VACCINATION DISTRICTS, YEAR ENDED 30TH SEPTEMBER, 1935.

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vacci- nations.
		Under 1 year.	1 year and upwards.	Totals.	
Area No. 1.—Ewecross.					
Sedbergh	T. W. Rothwell	7	1	8	1
Dent	C. A. Allan	3	—	3	—
Slaidburn	J. T. Bleasdel	—	—	—	—
Gisburn	J. T. Bleasdel	16	1	17	—
Mitton	T. G. S. Harkness	—	—	—	—
Long Preston	H. M. Clegg	3	—	3	—
Austwick	T. Lovett	3	—	3	—
Arncliffe	K. C. Crosbie	—	—	—	—
Bentham	A. J. Troughton	4	—	4	—
Malham	H. Wales	6	2	8	—
Ingleton	G. J. Marks	14	—	14	—
Settle	B. S. Hyslop	20	2	22	2
Area No. 2.—Staincliffe.					
Skipton	N. A. Macleod	—	—	—	—
Addingham	W. L. Crabtree	—	—	—	—
Barnoldswick	J. Pickard	5	1	6	—
Cowling	C. Clyne	2	—	2	1
Gargrave	H. Wales	18	—	18	2
Grassington	K. C. Crosbie	12	—	12	—
Silsden	M. Purcell	—	—	—	—
Earby	A. McKay Niven	3	—	3	—
Area No. 3.—Claro.					
Green Hammerton	R. C. Davison	16	—	16	—
Boroughbridge	F. P. Rust	15	1	16	—
Acomb	J. S. Dudgeon	17	—	17	—
Great Ouseburn	J. M. Benson	8	—	8	—
Sharow	S. Hey	6	—	6	—
Ripon	P. A. Steven	41	—	41	—
Kirkby Malzeard	R. G. M. Harvey	8	1	9	—
Knaresborough	D. F. Dobson	52	1	53	1
Harrogate (part)	S. Foskett	71	2	73	2
do. (Starbeck)	S. C. Wilkinson	9	2	11	—
Ripley	S. Foskett	9	—	9	—
Bishopside	C. A. Flintoff	23	1	24	1
Birstwith	E. G. Campbell	5	1	6	—
Area No. 4.—Barkston Ash.					
Bishopthorpe	T. H. Barton	9	—	9	—
Sherburn	Wm. Murphy	53	2	55	1
Kippax	C. C. Hargreaves	21	—	21	—
Aberford	C. H. Sykes	56	—	56	2
Tadcaster	J. P. Scatchard	31	—	31	2
Boston Spa	R. W. Lee	52	41	93	3
Harewood, Sicklinghall	H. B. Cook	—	—	—	—
Thorner	O. D. Beetham	35	—	35	—
Wetherby	J. A. Hargreaves	27	6	33	3
Area No. 5.—Skyrack.					
Baildon	E. G. Firth	10	8	18	—
Ilkley	T. B. Header	16	6	22	2
Yeadon	A. J. I. Muschamp	19	1	20	—
Horsforth	D. W. E. Burridge	27	3	30	3
Otley	W. H. Galloway	47	4	51	3
Area No. 6.—Worth Valley.					
Keighley	F. Villy	7	1	8	1
Bingley (part)	J. M. Crocker	12	—	13	1
Cullingworth	J. M. Crocker		1		
Haworth	J. E. Baird	1	2	3	1
Steeton	C. Clyne	—	—	—	—
Area No. 7.—East Morley.					
Hunsworth	J. A. Hope	2	—	2	1
Drighlington	H. D. Merrington	8	—	8	—
Calverley	N. A. A. Hughes	19	—	19	—
Wilsden	G. Marquis	—	—	—	—
Farsley	T. H. Elmer	24	—	24	—
Shipley	O. D. Ballinger	21	—	21	—
Denholme	A. H. Stewart	2	1	3	—
Pudsey	E. T. Hyland	42	1	43	1
Area No. 8.—Calder.					
Sowerby Bridge	V. C. Meyer	10	2	12	—
Elland	A. G. Gamble	7	3	10	—
Stainland	N. C. Beaumont	8	—	8	1
Brighouse	C. M. Stallard	37	2	39	3
Shelf	J. J. Murphy	2	—	2	—
Queensbury	G. C. Sharp	14	—	14	1
Midgley	C. S. Ogilvy	7	3	10	—
Barkisland	A. J. W. Stephen	7	—	7	—
Todmorden	H. Thorp	7	—	7	1
Hebden Bridge	F. J. Dowdall	7	1	8	2
Mytholmroyd	S. T. Henderson	6	2	8	3

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vacci- nations.
		Under 1 year.	1 year and upwards.	Totals.	
Area No. 9.—Spen Valley.					
Liversedge	R. M. Beatty	19	—	19	—
Birstal	A. Dick	17	5	22	—
Gildersome	H. D. Merrington	—	—	—	—
Batley	H. Keighley	41	—	41	1
Heckmondwike	W. A. Mair	23	1	24	—
Mirfield	J. E. H. West	33	—	33	—
Morley	W. S. Sykes	29	—	29	1
Birkenshaw	E. M. Whitehead	6	3	9	2
Ossett	W. L. R. Wood	36	2	38	1
Cleckheaton	A. L. Mitchell	8	1	9	—
Area No. 10.—Lower Agbrigg.					
Horbury	J. N. U. Russell	18	3	21	—
Normanton	N. S. Twist	53	4	57	1
Crigglestone	O. V. Burrows	32	—	32	2
Walton	D. Downie	9	3	12	—
Stanley	J. D. Bottomley	77	—	77	1
Emley	C. H. Smith	14	—	14	—
Crofton	T. E. Lister	38	—	38	—
Ardsley	T. Stephens	14	4	18	—
Rothwell	H. Stevenson	35	—	35	—
Oulton	C. H. Seville	25	2	27	—
Area No. 11.—Osgoldcross.					
Heck	F. G. Creaser	12	—	12	1
Knottingley	J. Kehelly	86	3	89	1
Pontefract	G. Burnett	68	1	69	3
Methley	E. W. L. White	19	—	19	—
Featherstone	Wm. Steven	52	1	53	1
Castleford	J. J. W. Campbell	88	—	88	4
Brotherton	T. McCarthy	36	—	36	—
Kirksmeaton	J. Malloch	7	—	7	—
South Elmsall	E. J. H. Sullivan	172	3	175	3
Ryhill	S. Hodgkinson	65	1	66	—
Brierley	J. L. Elliott	72	2	74	1
Great Houghton	J. W. Whitworth	12	1	13	—
Hemsworth	T. C. A. Sweetnam	61	—	61	2
Kinsley	M. B. Taylor	48	—	48	—
Ackworth	W. L. Gardner	24	4	28	—
Area No. 12.—Goole and Selby.					
Drax	F. G. Creaser	40	1	41	1
Selby	O. L. Scarborough	60	5	65	—
Snaith	F. G. Creaser	16	1	17	—
Swinefleet	W. Eardley	7	—	7	—
Goole	A. M. Erskine	22	—	22	—
Eastoft	J. C. T. Crowden	—	—	—	—
Area No. 13.—Don Valley.					
Bolton-on-Dearne	J. K. T. Mills	37	3	40	2
Mexborough	J. J. Huey	17	1	18	—
Tickhill	A. C. Lindsay	18	—	18	1
Bentley-with-Arksey	B. Lyons	38	11	49	—
Conisbrough	W. J. Maclure	157	17	174	4
Askern	J. Malloch	38	2	40	3
Adwick-le-Street	D. Malloch	59	3	62	—
Thurnscoe	F. J. Boyle	65	5	70	—
Brodsworth	R. B. Radcliffe	8	—	8	—
Armthorpe	H. F. Renton	73	—	73	—
Bawtry	W. F. Ward	51	3	54	—
Hatfield	C. D. Walker	45	1	46	—
Thorne	J. M. Taylor	57	11	68	1
Stainforth	R. M. L. Anderson	45	3	48	—
Area No. 14.—Staincross.					
Hoyland	H. R. L. Allott	34	3	37	2
Worsborough	H. A. L. Banham	72	2	74	—
Cudworth	J. L. Elliott	66	3	69	2
Darfield	J. W. Whitworth	10	3	13	—
Dodworth	J. Leishman	16	—	16	—
Darton	R. Millar	27	2	29	—
Wombwell	J. C. Pickup	40	2	42	—
Hoyland	H. N. Ritchie	42	2	44	2
Royston	H. B. Pare	39	—	39	—
Bradfield	J. A. R. Thompson	28	—	28	—
Stannington	N. MacPhail	7	1	8	—
Loxley	T. A. H. Smith	—	—	—	—
Chapelton	H. Sands	45	1	46	—
Grenoside	J. Smail	34	1	35	—
Stocksbridge	A. E. Goldie	48	—	48	—
Tankersley	H. Ritchie	—	—	—	—
Wortley	T. H. Easton	1	—	1	—
Silkstone	F. L. Whincup	8	2	10	—
Clayton West	R. N. Farrer	7	1	8	—
Thurgoland	T. H. Easton	—	—	—	—
Penistone	A. A. Masser	17	5	22	—

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vacci- nations.
		Under 1 year.	1 year and upwards.	Totals.	
<i>Area No. 15.—Upper Agbrigg.</i>					
Kirkburton	J. A. Stephens	19	1	20	1
Skelmanthorpe	D. Bell	8	1	9	—
Shepley	M. M. Dey	2	—	2	—
Holmfirth	W. D. Galloway	7	—	7	—
Scholes	E. Trotter	31	3	34	2
Honley	W. H. Smailes	13	1	14	1
Meltham	P. MacGirr	21	—	21	—
Slaithwaite	R. N. Kirk	—	—	—	—
Golcar	S. Hall	31	5	36	—
Marsden	G. R. Aspinwall	18	2	20	—
Kirkheaton	S. Prior	7	1	8	—
Springhead	J. G. Oliver	3	—	3	—
Saddleworth	J. Loftus	4	1	5	2
<i>Area No. 16.—Rother Valley.</i>					
Brinsworth	R. G. Selby	54	—	54	—
Thurcroft	G. S. L. Kemp	28	1	29	5
Greasbrough	D. P. K. Jockel	28	1	29	3
Wentworth	H. M. Mills	2	—	2	—
Wath-on-Dearne	T. Crowley	19	3	22	—
Rawmarsh	D. P. K. Jockel	2	—	2	—
Maltby	W. L. Dibb	69	3	72	1
Swinton	C. J. H. Aitken	18	—	18	4
Thrybergh	G. H. Sedgwick	43	2	45	—
Harthill, Anston	J. N. Clark	15	—	15	1
		4,234	270	4,504	108

PUBLIC ASSISTANCE MEDICAL SERVICES.

A list of the D.M.O.'s will be found on pages 8-10 of this Report. It will be noted that 5 Assistant District Medical Officers have been appointed in the Don and Rother Valley Districts, and to meet the needs of the people, additional surgeries have been provided at convenient centres.

The following tabular statement gives a summary of the number of services rendered during the year. There is a slight increase in the total visits—128,637 in 1934 to 133,084 in 1935. This is distributed over the whole of the County with the exception of the Upper Agbrigg Area.

Work of the Public Assistance District Medical Officers, 1935.

Guardians Committee Area.	Acreage.	Population.	No. of District Medical Officers.	No. of attendances on assisted persons.		
				At their homes.	At surgery.	Total Visits.
1. Ewecross	288079	23479	11	770	253	1,023
2. Staincliffe	159261	52361	8	3,051	1,159	4,210
3. Claro	213890	89808	13	2,460	1,341	3,801
4. Barkston Ash	143442	54089	9	2,825	1,221	4,046
5. Skyrack	64641	75883	5	1,714	930	2,644
6. Worth Valley	39443	82597	6	1,902	1,556	3,458
7. East Morley	12560	65391	8	1,174	660	1,834
8. Calder	78978	121618	14	2,677	2,166	4,843
9. Spen Valley	22177	134232	10	3,048	2,772	5,820
10. Lower Agbrigg	41345	92163	14	9,046	4,901	13,947
11. Osgoldcross	88853	159650	14	14,015	12,454	26,469
12. Goole and Selby	76299	44875	5	2,114	1,064	3,178
13. Don Valley	137061	177723	20	13,814	13,772	27,586
14. Staincross	117288	143735	19	5,813	5,756	11,569
15. Upper Agbrigg	78237	96943	16	2,518	886	3,404
16. Rother Valley	63504	112710	12	6,922	8,330	15,252
Totals	1625058	1527257	184	73,863	59,221	133,084

PUBLIC ASSISTANCE INSTITUTIONS.

In my last Annual Report I mentioned that the development of the County Council's general hospital services had reached one stage further by the appointment of a "Composite" Committee comprising representatives of the Education, Mental Deficiency, Public Assistance and Public Health Committees. This Committee has met on a number of occasions and it has considered reports by the County Public Assistance Officer and County Medical Officer.

The magnitude of the task before this Committee and the considerable expenditure which is likely to be incurred in modernising and extending existing institutions and in the provision of new accommodation was brought to the notice of the County Council, together with a recommendation that greater efficiency and economy might be secured ultimately if a deputation were appointed to visit a number of hospitals of modern type in this country and abroad.

The County Council agreed to this proposal and at the time of writing (July, 1936) the deputation has just completed its final report upon visits paid to hospitals in England, Scotland, France, Germany, Denmark and Sweden.

The County Public Assistance Committee has now indicated its future institutional policy and has decided that it will require for future use in the care of the aged and infirm, able-bodied, etc., the institutions at Skipton, Knaresborough, Tadcaster, Otley, Clayton, Todmorden, Pontefract, Hemsworth and Goole, and it has directed the West Riding Architect in consultation with the County Medical Officer and the County Public Assistance Officer to prepare schemes for such modernisation and adaption of the property proposed to be retained as may be required by reference to the purpose to which each of the several institutions are likely to be utilised. As the result of the declared policy of the County Council, this purpose will exclude almost entirely the treatment of the sick.

In this connection the Public Assistance Committee subsequently offered the sick wards at the Batley and Wakefield Institutions to the Composite Committee for the future care of the sick by the Public Health Committee.

At the time of writing (July, 1936) no decision has been taken by the County Council as to an appointed day upon which the policy outlined above will take effect, but the Composite Committee has called for a report from the County Medical Officer upon the best methods by which appropriation of the hospital wards of these two institutions can be undertaken.

The Public Assistance Committee's proposals include the probability of the closure of the institutions at Settle, Ripon, Great Ouseburn, Wetherby, Keighley (both hospital and institution), Selby, Grenoside and Penistone as being antiquated and surplus to requirements, although some of them may be found to be of use in connection with other County purposes.

During the year the County Public Assistance Committee made an agreement with the Huddersfield Corporation leasing from them for a period of years the institution known as St. Mary's Hospital, Thongsbridge, which is to be known for the present as Deanhouse Institution. The accommodation includes 116 beds in the "Institution" and 140 beds in the sick wards.

The following tabular statements set out briefly the work undertaken in the sick and infirm wards of the County Public Assistance Institutions:—

	Able-bodied		Infirm.		Sick			Maternity	Mental		Receiving and isolation wards		Tuberculosis	Healthy Children	
	M.	F.	M.	F.	M.	F.	C.		M.	F.	M.	F.		Under 3 years	Over 3 years
Available accommodation	760	390	628	326	846	766	146	50	139	175	91	60	90	138	204
Beds occupied 31. 12. 35.	471	211	435	253	692	707	110	12	118	151	22	9	30	63	148

BRIEF ANALYSIS OF CASES MAINTAINED DURING THE YEAR (EXCLUDING ABLE-BODIED AND CASUALS).

Type of Case.	Name of Institution.																				Total
	Settle	Skipton	Knaresborough	Ripon	Great Ouseburn	Tadcaster	Wetherby	Otley	Keighley	Clayton	Todmorden	Staincliffe Batley	Wakefield	Pontefract	Hemsworth	Goole	Selby	Penistone	Grenoside	Deanhouse	
Sick (Acute and Chronic) ...	49	297	96	58	21	28	25	153	414	301	143	731	763	594	180	199	61	40	76	194	4423
Infirm ...	16	115	156	6	21	28	20	116	142	228	77	260	231	132	49	56	42	29	36	52	1812
Mental ...	59	10	4	9	1	11	—	12	164	91	9	86	28	33	4	6	7	1	32	39	606
Maternity ...	2	4	15	1	—	6	3	4	336	18	5	54	47	19	7	13	30	2	2	—	568
Other Cases ...	4	9	4	7	2	2	3	10	1	20	1	44	3	39	23	10	8	—	9	2	201
Totals ...	130	435	275	81	45	75	51	295	1057	658	235	1175	1072	817	263	284	148	72	155	287	7610

Number of Deaths.

Sick (Acute and Chronic) ...	9	54	62	11	3	10	12	47	78	76	43	187	205	133	39	31	27	12	12	44	1095
Infirm ...	2	2	2	6	3	—	—	4	63	32	—	74	55	—	16	4	5	4	10	7	289
Mental ...	3	10	1	—	1	8	—	—	4	7	—	—	—	—	—	1	—	—	—	3	38
Maternity ...	—	—	1	—	—	—	—	—	19	—	—	4	2	1	—	—	2	—	—	—	29
Other Cases ...	—	3	4	—	1	—	1	—	—	2	1	6	—	4	5	—	5	—	1	1	34
Totals ...	14	69	70	17	8	18	13	51	164	117	44	271	262	138	60	36	39	16	23	55	1485

PART II.

THE WORK OF THE BACTERIOLOGICAL
LABORATORY.

DR. P. L. SUTHERLAND—Bacteriologist and Pathologist.

The total number of specimens examined in the Laboratory during the year 1935, was 55,969.

This number includes 4,681 specimens received from the County Boroughs of Barnsley, Dewsbury, Doncaster, Halifax and Wakefield, the Ministry of Health, and from the Dewsbury and Heckmondwike Joint Waterworks Board.

The following table shows the number of specimens of different kinds examined during each month of the year.

Month	Serum Reaction for Enteric Fever.	Sputum for Tubercle Bacilli	Suspected Diphtheria	Venereal Disease	Miscel- laneous	Total
January	42	581	4,284	472	1,100	6,479
February	21	516	3,692	438	908	5,575
March	57	667	2,987	530	1,073	5,314
April	54	519	2,373	499	980	4,425
May	33	654	2,037	649	1,212	4,585
June	45	527	1,525	541	1,004	3,642
July	63	577	1,680	534	1,218	4,072
August	36	405	1,198	463	1,083	3,185
September	54	393	2,412	517	1,056	4,432
October	30	469	2,415	596	1,288	4,798
November	33	489	2,515	754	1,365	5,156
December	42	368	2,376	466	1,054	4,306
Total ...	510	6,165	29,494	6,459	13,341	55,969

The next table gives the figures for 1935 in comparison with those for the previous six years:—

Year.	Serum Reaction for Enteric Fever	Sputum for Tubercle Bacilli	Suspected Diphtheria	Venereal Disease	Miscel- laneous	Total
1929	2115	5380	10934	3684	4898	27011
1930	1419	5722	13786	4028	5239	30194
1931	1080	5862	11323	3828	8319	30412
1932	1545	5983	14750	4132	11128	37538
1933	846	6423	15383	4532	10145	37329
1934	522	6399	25136	4964	11472	48493
1935	510	6165	29494	6459	13341	55969

A more classified list of the specimens received during the whole year, showing results where possible, is given in the following table.

Type of Specimen.	Positive	Negative	Total
ENTERIC FEVER.			
<i>Widal reaction (blood).</i>			
B. Typhosus	19	151	170
B. Paratyphosus A	—	170	170
B. Paratyphosus B	22	148	170
<i>Urines.</i>			
B. Typhosus	—	92	92
B. Paratyphosus A	—	92	92
B. Paratyphosus B	4	88	92
<i>Fæces.</i>			
B. Typhosus	8	106	114
B. Paratyphosus A	—	114	114
B. Paratyphosus B	9	105	114
UNDULANT FEVER.	7	37	44
FOOD POISONING	4	48	52
DYSENTERY	7	34	41

Type of Specimen.	Positive	Negative	Total
HUMAN TUBERCULOSIS			
<i>Sputa.</i>			
First examinations	1,109	4,062	5,171
Second examinations	15	692	707
Third examinations (inoculated)	16	271	287
<i>Urines</i>	—	—	727
<i>Urines</i> (inoculated)	9	215	224
BOVINE TUBERCULOSIS.			
C.V.O. milks from single cows	87	886	973
C.V.O. group samples	40	438	478
Mixed milks from various sources	154	2,664	2,818
Milks from single cows received from County Boroughs	11	100	111
MILKS FOR BACTERIAL CONTENT.	—	—	2,227
WATERS FOR BACTERIOLOGICAL EXAMINATION	—	—	445
DIPHTHERIA.			
Swabs for diagnosis	1,086	4,588	5,674
Swabs from convalescents	3,154	15,736	18,890
Swabs from "contacts"	185	4,745	4,930
VIRULENCE TESTS.			
Cases for diagnosis	36	15	51
Convalescents	138	52	190
"Contacts"	53	13	66
CEREBRO-SPINAL FLUIDS	15	70	85
Cerebro-Spinal Fluids (inoculated)	4	16	20
ANTHRAX.			
Human	7	5	12
Bovine	—	—	—
Wools	2	54	56
BIO-CHEMICAL EXAMINATIONS	—	—	367
ZONDEK ASCHEIM TESTS.	6	9	15
RINGWORM	72	128	200
OPHTHALMIA NEONATORUM	1	16	17
CYTOLOGICAL SPECIMENS	—	—	314
HISTOLOGICAL SPECIMENS (CLINICAL)	—	—	91
VACCINES	—	—	28
POST-MORTEM EXAMINATIONS	—	—	73
MEDICO-LEGAL HISTOLOGY EXAMINATIONS	—	—	273
EXAMINATIONS FOR THE POLICE	—	—	18
VENEREAL DISEASE.			
Wassermann reaction	533	3,990	4,523
Gonococci	423	1,511	1,934
Spirochaetes	—	2	2
SILICOSIS	—	—	10
OTHER SPECIMENS	—	—	2,697

Examinations made for other Authorities.

The following table gives the number of examinations made for other Authorities, exclusive of Venereal Diseases examinations, which are given in detail on page 55.

Authority	No. of Specimens	Cost to Authority		
		£	s.	d.
Barnsley C.B.	193	95	8	0
Dewsbury C.B.	221	86	16	6
Halifax C.B.	8	1	4	0
Wakefield C.B.	2,092	309	4	0
Ministry of Health	47	10	11	6
Dewsbury and Heckmondwike Joint Waterworks Board	6	3	0	0
	2,567	506	4	0

ENTERIC FEVER.

Examination for Widal reaction.—During the year, 510 specimens of blood were tested for the Widal reaction for the diagnosis of typhoid fever and paratyphoid fever. In each case the blood was tested against *B. typhosus*, *B. paratyphosus* A, and *B. paratyphosus* B. 19 specimens gave a positive agglutination with *B. typhosus*, and 22 with *B. paratyphosus* B.

Recently there has been an improvement in the quantity of blood sent to the Laboratory for this test, due chiefly to the more general use by practitioners of the Behring venule.

In consequence it is possible, in the majority of cases, to make the test macroscopically in 4 dilutions which is more satisfactory than the microscopic method in one dilution. By the latter method it is often impossible to distinguish, owing to cross agglutination, between the typhoid and paratyphoid fevers.

Examination for *B. typhosus* and *B. paratyphosus* A. and B.—The number of specimens examined for organisms of the typhoid group was 618. These consisted chiefly of samples of urine and fæces from convalescent cases and from suspected "carriers." Of these, 8 specimens of fæces were found to contain *B. typhosus*, and 4 of urine and 9 of fæces contained *B. paratyphosus* B.

UNDULANT FEVER.

40 specimens of blood and 1 of urine were examined for undulant fever and 7 specimens of blood proved positive.

In addition, 3 samples of milk were examined for undulant fever, one of which was found to be infected with *B. abortus*. These samples of milk were also examined for *B. tuberculosis* with negative result in each case.

DYSENTERY.

41 specimens of fæces were examined for *B. dysenteriae* and 7 specimens proved positive, the organism being *B. Sonne* (5) and *B. Flexner* (2) respectively. The majority of these specimens were received in connection with an outbreak of dysentery in the Dewsbury County Borough early in the year, amongst which 4 Sonne cases were found. The other Sonne case was connected, as a contact, with a fatal case (see post-mortem No. 52) and, according to the father's statement at the inquest, it was from this case that the deceased child contracted the disease.

FOOD POISONING.

41 specimens of fæces, 5 of urine, 2 of blood, 1 sample each of mincemeat and biscuit, and 2 of cheese, were examined for food poisoning. Four of these specimens were positive, namely, 2 of fæces (*B. Aertrycke*), 1 fæces (*B. Gärtner*), and 1 of blood (*B. Gärtner*). These examinations were made in connection with outbreaks of suspected food poisoning at Worsborough, Maltby, Bingley and Wombwell.

HUMAN TUBERCULOSIS.

Sputum.—The specimens examined microscopically for the tubercle bacillus numbered 5,171 and in 1,109 or 21·4 per cent. the bacillus was found.

707 specimens which had been previously examined twice microscopically with negative result were re-examined by the sedimentation method, and 15 or 2·1 per cent. were found to be positive.

287 specimens which had been previously examined three times microscopically and once by sedimentation with negative result, were again re-examined by the sedimentation method, by culture and biologically. Of these, 16 or 5·5 per cent. were found by one or other, but chiefly by the biological method (inoculation test), to be positive.

By the sedimentation and biological methods 3·1 per cent. of specimens were found to be positive after two or three microscopic examinations had failed to show the presence of the tubercle bacillus.

Urine.—Of the 727 specimens of urine which were received for examination for various reasons, 224 were examined for tubercle bacilli to exclude the presence of tuberculosis of the bladder or kidney. Of these, 9 were found to contain *B. tuberculosis*.

Other specimens.—The remaining 94 specimens of human origin examined for the tubercle bacillus were pus 26, pleural fluids 39, fæces 7, cerebro-spinal fluids 20 and fluid from knee 2. In 6 specimens of pus, 3 of pleural fluid and 4 of cerebro-spinal fluid, tubercle bacilli were found.

BOVINE TUBERCULOSIS.

Milk.—Veterinary Samples.—1,451 specimens (973 from individual cows and 478 group samples) were examined. Of these, 87 from single cows or 8·9 per cent., and 40 group samples or 8·3 per cent. were found to contain the tubercle bacillus.

Mixed Milks.—During the year, samples of milk of all grades were examined by the inoculation test for tubercle bacilli.

The specimens included samples of school milk and graded milk submitted by the central sanitary staff, samples from local sanitary inspectors and a few sent by the sanitary inspectors of other authorities, *viz.*, Barnsley, Dewsbury and Wakefield County Boroughs.

The following table gives the result of the examination of these milks:—

Mixed Milks Examined for B. Tuberculosis.

Class of Milk	West Riding Administrative Area						Other Authorities			Total		
	Milk supplied to Schools.			Other Mixed Milks								
	No. Examined	Positive	% Positive	No. Examined	Positive	% Positive	No. Examined	Positive	% Positive	No. Examined	Positive	% Positive
Certified ...	—	—	—	33	—	—	1	—	—	34	—	—
Grade A 'T.T.' ...	—	—	—	26	1	3·8	5	—	—	31	1	3·2
Grade "A" ...	2	—	—	385	17	4·4	14	1	7·1	401	18	4·4
Pasteurised ...	50	3	6·0	62	2	3·2	14	1	7·1	126	6	4·7
Ordinary ...	296	13	4·3	1738	92	5·2	192	24	12·5	2226	129	5·7
	348	16	4·5	2244	112	4·9	226	26	11·5	2818	154	5·4

111 samples of milk taken from single cows were received from various County Boroughs with positive results in 11 cases.

It has been the practice during the past few years to examine all milk samples biologically. During 1935, however, 34 samples were not inoculated owing to lack of room in the animal house.

The total number of samples examined was 2,818, of which 154, or 5·4% were found to contain tubercle bacilli. The percentage of positive milk samples is the same as that for the year 1934. It will be seen from the above table that one sample of Grade A "T.T.," 18 samples of Grade A and 3 samples of Pasteurised milk contained the tubercle bacillus.

Of the 16 positive school milk samples, 7 also failed to fulfil the requirements of the standard set up as regards bacterial content.

Following the practice carried out during previous years, each positive milk found was immediately notified by telephone to the Chief Veterinary Officer who at once instituted investigations for the detection and destruction of the tuberculous animal.

As a result of these investigations, 61 cows were slaughtered during the year, while in 63 cases the offending animal could not be found.

In addition, 12 cases were referred to the Barnsley Medical Officer of Health, 9 to Dewsbury, 4 to Keighley, 3 to Wakefield, 2 to the East Riding County Medical Officer and 1 each to the Medical Officers of Health of Bradford and Sheffield.

Two filter cloths from a pasteurising plant were examined by animal inoculation for the presence of tubercle bacilli, with positive result in one case.

EXAMINATION OF MILK FOR BACTERIAL CONTENT.

2,227 specimens of milk were examined for bacterial content, and of these 554 or 24·8 per cent. were unsatisfactory.

These samples include the milk supplied to schools, designated milk, and milk sent by other Authorities.

The following table gives the details of examinations made:—

Mixed Milks Examined for Bacterial Content.

Designation	West Riding Administrative Area.						Other Authorities			Total		
	Supplied to Schools			Other								
	Unsatisfactory		Total	Unsatisfactory		Total	Unsatisfactory		Total	Unsatisfactory		Total
	Number	Percentage		Number	Percentage		Number	Percentage		Number	Percentage	
Certified ...	—	—	—	34	3	8·8	1	—	—	35	3	8·5
Grade A. 'T.T.'...	—	—	—	25	6	24·0	5	—	—	30	6	20·0
Grade "A" ...	2	1	50·0	382	51	13·3	14	2	14·2	398	54	13·5
Pasteurised ...	50	12	24·0	64	15	23·4	14	—	—	128	27	21·1
Ordinary ...	301	82	27·2	1274	364	28·5	61	18	29·5	1636	464	28·3
	353	95	26·9	1779	439	24·6	95	20	21·0	2227	554	24·8

WATER.

445 specimens of water were examined, of which 158 were pure, 210 polluted and 48 of doubtful purity. The remaining 29 were samples of swimming-bath waters.

There has again been a large number of water samples reported unsatisfactory. This is the first complete year in which the Ministry of Health's recommendations as to method and standard have been applied, and doubtless the higher standard adopted is the chief contributing cause of the large number of polluted and doubtful waters. Another factor, however, is that there has been an increase during the year in the number of samples of well water from rural areas, a large percentage of which have proved unsatisfactory.

DIPHTHERIA.

During the year, 29,494 swabs were examined for the diphtheria bacillus.

Swabs for Diagnosis.—The number of swabs submitted by practitioners for diagnosis was 5,674 of which 1,086 or 19·1 per cent. were positive.

Swabs from convalescents.—The number of swabs examined in order to determine if convalescents were free from infection and ready for discharge from isolation, was 18,890, and of these, 3,154 or 16·6 per cent. were found to be positive. The swabs were received chiefly from the medical superintendents of isolation hospitals.

Swabs from "contacts."—The number of swabs from "contacts" was 4,930 of which 185, or 3·7 per cent were positive. The swabs were collected from persons, mostly children, known to have been in contact with cases of diphtheria, from suspected "carriers," and from children attending schools where diphtheria was prevalent. These specimens were sent by local medical officers of health or collected by members of the central staff.

Virulence tests.—The total number of strains of diphtheria bacilli isolated and tested for virulence was 307. This test is carried out when doubtful diphtheria-like organisms are found in swabs from suspected cases and when the diphtheria bacillus persists for an unduly long period of time in the throats and nasal passages of convalescents.

In the case of "contact" swabs giving a positive routine result, the organism is isolated if possible and tested for virulence. The results are given in the following table.

Virulence Tests.

	Positive	Negative	Total
Cases for diagnosis	36	15	51
"Convalescents"	138	52	190
"Contacts" and "Carriers" ...	53	13	66
	227	80	307

The above strains were typed and classified as follows:—

Gravis	170
Mitis	49
Intermediate	8

As was the case last year a large majority belong to the "gravis" type of B. Diphtheriæ.

VENEREAL DISEASES.

The number of pathological examinations performed under the Public Health (Venereal Diseases) Regulations, 1916, was 6,459. Of these, 2,114 were made on behalf of the County Boroughs of Barnsley, Dewsbury, Doncaster, Halifax and Wakefield.

Nature of Test.

District	Specimens examined for			Total	Cost to Authority		
	Spiro-chætes	Gonococci	Wasser-mann Reaction		£	s.	d.
West Riding	2	1,245	3,098	4,345		—	
Barnsley C.B.	—	4	2	6	2	2	0
Dewsbury C.B.	—	288	196	484	90	4	0
Doncaster C.B.	—	264	203	467	145	15	6
Halifax C.B.	—	9	605	614	213	10	0
Wakefield C.B.	—	124	419	543	178	15	6
	2	1,934	4,523	6,459	630	7	0

CEREBRO-SPINAL FEVER.

85 specimens of cerebro-spinal fluid were examined for the presence of meningococci. In 13 specimens of fluid the meningococcus was found, which confirmed the diagnosis of cerebro spinal fever; one specimen showed the presence of septic meningitis and one showed pneumococci (pneumococcal meningitis). Twenty of the fluids which were negative as regards meningococci were inoculated to exclude *B. tuberculosis*. In 4 the tubercle bacillus was found which proved that the disease was tuberculous meningitis, and in 6 the result was negative. 11 of the 13 meningococci positives were typed with the following result:—

Group I (epidemic type)	...	...	...	...	...	...	9
Group II (sporadic type)	...	...	...	...	...	...	2
Doubtful	...	...	...	...	...	...	—

The remaining 2 would not grow on culture.

HUMAN ANTHRAX.

12 specimens were received during the year for examination for the anthrax bacillus. In 7 cases the result was positive. These positive specimens were from Bramham (Wetherby R.); Mirfield; Dewsbury C.B.; and Batley (4 cases).

EXAMINATION OF WOOL, etc., FOR ANTHRAX.

9 samples of shoddy which had been handled by the Bramham case mentioned in the previous paragraph and his shaving brush and boots were examined for the anthrax bacilli, with negative results.

In addition, 45 samples of wool (36 in connection with the above-mentioned cases at Mirfield, Thornhill and Batley respectively and 9 in connection with other cases at Yeadon and Keighley) were examined for the Government Wool Disinfecting Station at Liverpool, and in 2 of the samples the anthrax bacillus was found, *viz.*:—

East Indian Wool—Kandahar.
Buenos Aires Wool.

The remaining specimens proved negative.

RINGWORM.

The number of specimens of hairs and scales examined was 200, and 72 or 36.0 per cent. gave a positive result.

OPHTHALMIA NEONATORUM.

17 specimens of pus from the eyes of infants suffering from ophthalmia, suspected to be of gonorrhœal origin, were examined, 1 of which proved positive.

CYTOLOGICAL EXAMINATIONS.

314 examinations were made including examination of blood films and determination of the number of white cells, red cells and hæmoglobin.

SILICOSIS.

Material from 10 post-mortem examinations was examined from suspected cases of silicosis. The lungs were examined by the naked eye, microscopically and chemically. 3 showed definite silicosis and tuberculosis and 7 showed silicosis, although in one of the latter cases the cause of death was carcinoma of the stomach. Chemical examination showed that the ash of the lungs contained silica to the extent of 0.296, 3.512, 0.266, 0.442, 1.120, 0.810 (left lung) and 1.110 (right lung), 0.40, 0.701, 0.986 and 0.33 respectively.

BIO-CHEMICAL EXAMINATIONS.

During the year 367 bio-chemical examinations were made, particulars of which are as follows:—blood sugar 129, blood urea 95, urines for urea 67, fæces for occult blood 24, fractional test meals 20, urines for sugar 11, cerebro-spinal fluids for chlorides 7, urine and fæces for lead 5, blood for calcium 4, blood for Van den Bergh reaction 1, urine for chlorides 1, human milk for % fat 1, cerebro-spinal fluid for urea 1, and blood for phosphatase 1.

VACCINES.

28 autogenous vaccines were prepared from the following materials:—9 urines, 6 sputa, 2 fæces, 5 specimens of pus, 5 swabs for organisms and 1 nasopharyngeal discharge.

ZONDEK ASCHEIM TESTS.

Fifteen specimens of urine were received during the year for the Zondek Ascheim test; 6 of these proved positive.

POST-MORTEM EXAMINATIONS AND INQUESTS.

During the year 73 examinations were made by Dr. Sutherland at the request of West Riding Coroners and evidence was given at 63 inquests. Evidence was also given at Leeds Assizes (5 cases) and at the Bradford, Keighley, Knaresborough and Pontefract Magistrates' Courts.

Details of the cases examined were as follows:—

No.	Age	Sex.		No.	Age.	Sex.	
1	67	F.	General peritonitis due to appendicitis.	41	56	F.	Food poisoning (B. Aertrycke infection).
2	66	M.	Coronary artery thrombosis.	42	53	M.	Silicosis and tuberculosis.
3	15	M.	Pneumonia.	43	53	M.	Oxalic acid poisoning.
4	New born	F.	Inattention at birth.	44	50	M.	Gumma of liver.
5	5	M.	Diphtheria.	45	62	M.	Carcinoma of lung and silicosis.
6	56	M.	Pulmonary tuberculosis.	46	1½	F.	Hæmorrhage and fracture of skull. Car accident.
7	New born	F.	Atelectasis.	47	74	F.	Cerebral contusion following injury to back of head (fall).
8	65	M.	Hydrocephalus due to injury.	48	18	F.	Septicæmia following abortion.
9	?	M.	Uræmia and chronic nephritis.	49	2 days	F.	Premature (twin).
10	52	M.	Cerebral tumour.	50	35	F.	Exhaustion from labour. Fibroid tumour of uterus.
11	61	M.	Carcinoma of stomach.	51	66	M.	Head injuries. Murder.
12	59	F.	Carcinoma of breast.	52	4	M.	Dysentery (Sonné).
13	New born	M.	Still-born.	53	39	M.	Ossification and fixation of thyroid cartilages to the vertebræ, with obstruction to breathing.
14	32	F.	Septicæmia following abortion.	54	35	F.	Septic salpingitis (hæmolytic streptococci).
15	New born	M.	Prematurity. Lack of attention at birth.	55	59	M.	Coronary thrombosis.
16	1/12		Septicæmia from septic finger.	56	52	M.	Luminal and chloretone poisoning.
17	22	M.	Anthrax.	57	16	M.	Empyema and tuberculosis.
18	57	M.	Silicosis and Tuberculosis	58	25	M.	Gunshot wound in thigh. Manslaughter.
19	45	M.	Silicosis.	59	57	M.	Silicosis and tuberculosis.
20	48	M.	Acute lobar pneumonia.	60	41	F.	Chronic myocarditis and aortitis.
21	8 weeks		Evidence insufficient to show cause of death.	61	?	F.	Sepsis following abortion.
22	?	M.	Silicosis.	62	50	F.	Electrocution. Defective stove.
23	17 days	F.	Bronchitis and broncho-pneumonia	63	22	F.	Sepsis following abortion.
24	56	M.	Silicosis and tuberculosis.	64	56	M.	Tar carcinoma, empyema and chronic interstitial pneumonia.
25	?	M.	Fractured skull. Motor accident.	65	63	M.	Cerebral hæmorrhage.
26	New born	M.	Asphyxia due to fluid in bronchi.	66	32	F.	Colitis.
27	40	F.	General peritonitis following abortion.	67	43	F.	Abortion and hæmorrhage.
28	43	M.	Cerebral hæmorrhage.	68	75	M.	Hanging.
29	68	M.	Myocarditis accelerated by silicosis.	69	72	M.	Motor accident.
30	40	F.	Pernicious anæmia.	70	62	M.	Tuberculosis.
31	8	M.	Mushroom poisoning.	71	79	M.	Burning.
32	9 weeks	F.	Enteritis.	72	34	M.	Suspected silicosis.
33	New born	M.	Asphyxia due to inhalation of liquor amnii.	73	35	M.	Cellulitis and septicæmia.
34	?	M.	Acute infection; cause unknown.				
35	19 days	F.	Asphyxia due to inhalation of milk.				
36	3 months	M.	Asphyxia due to inhalation of milk.				
37	52	M.	Silicosis and tuberculosis.				
38	64	M.	Sarcoma of thigh following injury.				
39	17	F.	Strangulation by ligature. Murder.				
40	22	M.	Hanging. Suicide.				

EXAMINATIONS MADE FOR THE POLICE.

17 examinations were made for the West Riding Police. 13 of these examinations were of clothing, slides, etc., in connection with cases of alleged criminal assault, 3 examinations were of specimens of hair in connection with 2 motor accidents and the recovery of a body from a pit shaft, while the examination of a knife was connected with a case of unlawful wounding.

In addition, an examination of clothing was made for the Wakefield City Police in a case of alleged criminal assault.

BIOLOGICAL EXAMINATIONS.

During the year 5,414 specimens were examined biologically involving the use of 10,820 animals (guinea-pigs) for diagnostic purposes. The tests were simple subcutaneous inoculations for the detection of tubercle bacilli in milk, sputum, urine and other materials, for the determination of the virulence of B. diphtheriæ and for the detection of anthrax bacilli.

These tests were made not only for the West Riding County Council but also on behalf of the County boroughs of Barnsley, Dewsbury, Halifax, Wakefield and the Government Wool Disinfecting Station at Liverpool.

List of Sanitary Districts in the West Riding showing the Number of Specimens received from each during 1935.

<i>Urban Districts.</i>			<i>Urban Districts.</i>			<i>Urban Districts.</i>		
Adwick-le-Street	77		Kirkheaton	4		Wath-upon-Deerne	197	
Altofts	31		Knarborough	9		Whitley Upper	1	
Ardsley, East and West ...	44		Knottingley	19		Whitwood	4	
Baildon	21		Lepton	14		Wombwell	264	
Barkisland	24		Linthwaite	46		Worsborough	53	
Barnoldswick	71		Luddendenfoot	13		Yeadon	22	
Batley B.	654		Maltby	46				
Bentley-with-Arksey	81		Marsden	63		<i>Rural Districts.</i>		
Bingley	1,039		Meltham	32		Barnsley	9	
Birkenshaw	1		Methley	22		Bishophthorpe	2	
Birstall	4		Mexborough	140		Bowland	33	
Bolton-upon-Deerne	134		Midgley	—		Doncaster	202	
Brighouse B.	597		Mirfield	89		Goole	1	
Burley-in-Wharfedale ...	16		Morley B.	1,655		Great Ouseburn	83	
Calverley	13		Mytholmroyd	8		Halifax	23	
Castleford	165		New Mill	14		Hemsworth	226	
Clayton West	5		Normanton	172		Hunslet	16	
Conisbrough	51		Oakworth	28		Keighley	257	
Cudworth	12		Ossett B.	154		Kiveton Park	94	
Darfield	72		Otley	80		Knarborough	9	
Darton	52		Oxenhope	1		Pateley Bridge	72	
Denby and Cumberworth ...	32		Penistone	15		Penistone	27	
Denholme	11		Pontefract B.	265		Pontefract	21	
Dodworth	25		Pudsey B.	72		Ripon	3	
Drighlington	11		Queensbury	87		Rotherham	181	
Earby	3		Rawdon	49		Sedburgh	49	
Elland	34		Rawmarsh	25		Selby	11	
Emley	—		Ripon C.	45		Settle	112	
Farsley	118		Rishworth	7		Skipton	60	
Featherstone	76		Rothwell	110		Tadcaster	148	
Flockton	3		Royston	40		Thorne	87	
Garforth	13		Saddleworth	49		Todmorden	9	
Gildersome	18		Scammonden	—		Wakefield	167	
Golear	77		Selby	88		Wetherby	233	
Goole B.	278		Shelf	4		Wharfedale	40	
Greasbrough	2		Shelley	8		Wortley	97	
Greetland	6		Shepley	9				
Guisley	7		Shipley	187		<i>County Boroughs:—</i>		
Gunthwaite and			Silsden	30		Barnsley	193	
Ingbirchworth	3		Skelmanthorpe	13		Dewsbury	221	
Harrogate B.	173		Skipton	103		Halifax	8	
Haworth	18		Slaithwaite	29		Wakefield	2,092	
Hebden Bridge	30		South Crossland	13				
Heckmondwike	65		Southowram	27		<i>Hospitals, etc.</i>	24,463	
Hemsworth	136		Sowerby	85		<i>*School Medical Inspection</i>		
Hipperholme	47		Soyland	4		<i>and Child Welfare Staff</i> ...	461	
Holme	—		Spenborough	172		<i>County Sanitary Inspectors</i> ...	1,509	
Holmfirth	50		Springhead	1		<i>Tuberculosis Staff</i>	4,630	
Honley	25		Stainland-with-Old Lindley	2		<i>Ministry of Health</i>	47	
Horbury	37		Stanley	42		<i>Venereal Specimens</i>	6,459	
Horsforth	110		Stocksbridge	159		<i>Specimens from Chief</i>		
Hoyland Nether	533		Swinton	76		<i>Veterinary Officer and</i>		
Hoylandswaine	2		Thurlstone	8		<i>Staff</i>	1,473	
Hunsworth	1		Thurnscoe	89		<i>Government Wool Disin-</i>		
Ilkley	99		Thurstonland and Farnley			<i>fecting Station, Liverpool</i> ...	45	
Keighley B.	1,424		Tyas	17		<i>Staff Appointments</i>	160	
Kirkburton	13		Tickhill	17		<i>Total No. of Specimens</i>		
			Todmorden B.	195		<i>examined bacteriologic-</i>		
						<i>ally</i>	55,969	

PART III.

MATERNITY AND CHILD WELFARE.

DR. R. LAWRENCE.—Chief Assistant Medical Officer for Child Welfare and School Medical Inspection.

Statistics, 1935.

	Whole of Administrative County.	County Council's Maternity and Child Welfare Area.
Estimated Population, 1935	1,535,600	1,043,348
No. of Live Births (registered)	23,077	15,891
No. of Illegitimate Births	845	571
No. of Stillbirths	1,136	796
Birth Rate	15·0	15·2
Deaths under one year	1,330	924
Infantile Mortality Rate	58	58
		70
<i>*Infantile Mortality Rate, average for 10 years, 1925-34</i>	72	72
Notified cases of Ophthalmia Neonatorum	100	69
Notified cases of Puerperal Fever	77	46
Notified cases of Puerperal Pyrexia	185	138
Maternal deaths from Sepsis	43	28
Maternal deaths from Other Causes	62	40
Maternal Mortality Rate (Per 1,000 Live and Still births)	4·34	4·07
„ „ „ (Per 1,000 Live births) ...	4·55	4·28
<i>*Maternal Mortality Rate, average for 10 years, 1925-34.</i>	5·49	5·54

* Per 1,000 live births.

Midwives Acts, 1902 to 1926.

The County Council is the Local Supervising Authority under the Midwives Acts for the whole of the Administrative County.

The present position of the midwifery service is as follows:—

During the year 1935, 602 midwives notified their intention to practise, and out of the total number of births, including still-births, *i.e.*, 24,213, they reported their attendance upon 15,705 cases in the capacity of midwives and 2,704 in the capacity of maternity nurses—a total of 18,409 cases or an average of approximately 32 cases each.

These 602 midwives are classified as follows:—

District Nurse-midwives	170
Employed in Institutions	96
Independent Midwives	336

From the above it is evident that the County area is abundantly supplied with practising midwives, but unfortunately the difficulty is one of distribution. In the Urban District of Rawmarsh where the number of births for 1935 was only 311, there are 9 practising midwives—4 employed by the Nursing Association and 5 practising independently.

The supervision is carried out by the County Medical Officer, his Assistants and two Inspectresses. Health Visitors make visits to the midwives and inspect their registers, books of forms and their bags. During the year, 835 visits of inspection were made. Two midwives were cautioned by the County Medical Officer for minor infringements of the Rules; one midwife died; and one resigned from the roll of midwives.

On the instructions of the Committee, one midwife was reported to the Central Midwives Board for infringement of rules, and on the 4th June, 1936, the Board ordered her name to be struck off the Roll of Midwives, and she was forbidden to attend women in childbirth in any capacity.

MIDWIFERY.

Number of births attended by Certified Midwives.

Midwives attended 15,705 births and 2,704 cases of confinement as Maternity Nurses, out of a total of 24,213 live and still births registered, or 76·0 per cent.

The following table shews the number of births attended by midwives, and the percentage to the total births registered, compared with the previous years:—

Year.	Births attended by midwives.	Total Births registered in County Area.			Percentage attended by midwives.
		Live	Still	Total	
1931	17,480	24,900	1,179	26,079	67·0
1932	17,198	24,319	1,239	25,558	67·2
1933	17,284	23,084	1,143	24,227	71·3
1934	17,836	23,393	1,183	24,576	72·5
1935	18,409	23,077	1,136	24,213	76·0

The following table shews the number of cases attended by individual midwives during the years 1928-35:—

Year	No. of Cases attended by Independent Midwives					No. of Cases attended by Midwives employed in Institutions					No. of Cases attended by Midwives employed by Nursing Associations				
	200 or over	100 to 200	50 to 100	Under 50	Nil	200 or over	100 to 200	50 to 100	Under 50	Nil	200 or over	100 to 200	50 to 100	Under 50	Nil
1928	2	32	65	193	15	—	—	—	—	—	—	2	13	215	26
1929	2	27	68	206	30	—	—	—	—	—	—	2	13	186	27
1930	2	30	77	162	14	—	—	—	—	—	—	2	16	212	65
1931	2	30	67	241	11	—	—	—	—	—	—	2	10	222	50
1932	1	28	70	216	34	—	—	5	56	5	—	1	12	149	32
1933	—	21	77	213	29	—	—	5	57	6	—	—	5	164	17
1934	—	24	74	232	15	—	—	10	71	3	—	—	9	160	1
1935	—	16	89	206	25	—	—	4	77	15	—	—	6	158	6

The following table shews the distribution of midwives and maternity nurses in Sanitary Districts together with the total cases attended by them in comparison with the number of live and still births registered during 1935:—

Sanitary District	District Nurses	Maternity Institutions	Independent		Total	Cases attended as		Total	Total Live and Still Births, 1935
			Trained	Bona-fide		Midwives	Mat. Nurses		
URBAN.									
Adwick-le-street	—	—	5	—	5	369	12	381	414
Altofts	2	—	—	—	2	37	6	43	68
Ardsley E. and W.	—	—	3	—	3	145	11	156	167
Baildon	1	—	2	—	3	18	15	33	134
Barkisland	—	—	—	—	—	—	—	—	12
Barnoldswick	—	—	2	—	2	65	—	65	112
Batley B.	—	5	4	—	9	428	43	471	465
Bentley-w-Arksey	—	—	3	—	3	242	17	259	294
Bingley	2	1	2	—	5	97	19	116	309
Birkenshaw	—	—	1	—	1	23	14	37	48
Birstall	—	—	1	—	1	4	2	6	94
Bolton-upon-Dearne	—	—	2	1	3	165	4	169	249
Brighouse B.	—	—	4	—	4	122	3	125	258
Burley-in-Wharfedale	1	—	—	—	1	15	9	24	44
Calverley	—	—	—	—	—	—	—	—	49
Castleford	—	8	2	1	11	322	25	347	355
Clayton West	1	—	—	—	1	12	—	12	21
Conisbrough	2	—	5	1	8	317	9	326	396
Cudworth	—	—	4	—	4	195	5	200	185
Darfield	—	—	2	—	2	51	1	52	91
Darton	—	—	5	—	5	195	4	199	274
Denby-and-Cumberworth	2	—	—	—	2	24	8	32	43
Denholme	1	—	—	—	1	14	3	17	29
Dodworth	—	—	2	—	2	91	14	105	89
Drighlington	—	—	1	—	1	67	10	77	75
Earby	—	—	1	—	1	9	16	25	74
Elland	3	—	—	—	3	27	22	49	134
Emley	—	1	—	—	1	10	1	11	11
Farsley	—	1	2	—	3	42	13	55	85
Featherstone	—	—	3	—	3	115	2	117	286
Flockton	—	—	—	—	—	—	—	—	12
Garforth	1	—	1	—	2	28	12	40	60
Gildersome	1	—	—	—	1	3	—	3	66

Sanitary District	District Nurses	Maternity Institutions	Independent		Total	Cases attended as		Total	Total Live and Still Births, 1935
			Trained	Bona-fide		Midwives	Mat. Nurses		
Golcar	—	—	2	—	2	36	9	45	120
Goole	—	2	5	—	7	370	36	406	336
Greasbrough	—	1	1	—	2	33	15	48	56
Greetland	1	—	—	—	1	15	4	19	50
Guiseley	—	—	2	—	2	34	10	44	83
Gunthwaite-and-Ing.	—	—	—	—	—	—	—	—	2
Harrogate B.	6	8	—	1	15	177	168	345	469
Haworth	1	—	—	—	1	4	29	33	61
Hebden Bridge	2	—	1	—	3	57	25	82	59
Heckmondwike	5	—	1	—	6	192	39	231	123
Hemsworth	—	3	4	—	7	254	11	265	260
Hipperholme	1	—	2	—	3	28	18	46	75
Holme	—	—	—	—	—	—	—	—	1
Holmfirth	—	6	1	—	7	105	9	114	129
Honley	2	—	—	—	2	26	11	37	57
Horbury	—	—	1	—	1	51	21	72	110
Horsforth	—	—	2	—	2	33	45	78	175
Hoyland Nether	—	—	5	—	5	213	30	243	243
Hoylandswaine	—	—	—	—	—	—	—	—	8
Hunsworth	—	—	1	—	1	—	—	—	44
Ilkley	—	1	8	—	9	13	60	73	98
Keighley B.	—	9	4	—	13	352	42	394	529
Kirkburton	1	—	1	—	2	1	9	10	39
Kirkheaton	—	—	—	—	—	—	—	—	33
Knaresborough	2	2	—	—	4	92	6	98	101
Knottingley	—	—	1	—	1	78	6	84	161
Lepton	1	—	2	—	3	32	3	35	46
Linthwaite	—	—	2	—	2	21	7	28	99
Luddenden Foot	1	—	1	—	2	15	15	30	40
Maltby	3	—	—	—	3	189	6	195	254
Marsden	1	—	—	—	1	33	3	36	69
Meltham	1	—	2	—	3	41	12	53	57
Methley	1	—	1	1	3	22	11	33	64
Mexborough	—	11	2	—	13	470	4	474	260
Midgley	1	—	—	—	1	14	2	16	25
Mirfield	3	—	—	1	4	123	5	128	173
Morley B.	—	5	1	—	6	250	9	259	287
Mytholmroyd	1	—	—	—	1	17	18	35	51
New Mill	—	—	1	—	1	32	1	33	36
Normanton	—	—	7	1	8	282	5	287	242
Oakworth	1	—	—	—	1	4	9	13	43
Ossett B.	—	—	2	—	2	137	12	149	245
Otley	3	1	2	—	6	68	22	90	167
Oxenhope	1	—	—	—	1	—	2	2	27
Penistone	2	1	1	—	4	59	18	77	49
Pontefract B.	—	3	3	—	6	305	26	331	359
Pudsey B.	—	—	2	—	2	58	4	62	213
Queensbury	—	—	2	—	2	80	5	85	74
Rawdon	—	—	2	—	2	3	22	25	69
Rawmarsh	4	—	5	—	9	271	28	299	311
Ripon City	6	1	—	—	7	83	60	143	142
Rishworth	—	—	—	—	—	—	—	—	11
Rothwell	—	—	1	—	1	115	8	123	248
Royston	—	—	5	—	5	140	1	141	149
Saddleworth	4	—	3	—	7	37	34	71	137
Scammonden	—	—	—	—	—	—	—	—	6
Selby	—	2	2	—	4	15	26	41	178
Shelf	—	—	—	—	—	—	—	—	43
Shelley	—	—	1	—	1	42	1	43	12
Shepley	1	—	—	—	1	10	1	11	19
Shipley	—	6	6	—	12	488	88	576	383
Silsden	1	—	—	—	1	13	13	26	63
Skelmanthorpe	1	—	1	—	2	40	6	46	32
Skipton	—	6	3	1	10	89	68	157	188
Slaithwaite	—	—	—	—	—	—	—	—	55
South Crosland	1	—	—	—	1	6	7	13	46
Southwram	—	—	—	—	—	—	—	—	44
Sowerby	2	—	1	—	3	97	12	109	160
Soyland	—	—	2	—	2	12	7	19	35
Spenborough	—	—	4	—	4	115	15	130	398
Springhead	—	—	1	—	1	31	13	44	57
Stainland	—	—	1	—	1	6	8	14	54
Stanley	—	—	2	—	2	141	7	148	206
Stocksbridge	3	—	1	—	4	100	5	105	148
Swinton	2	—	1	—	3	57	—	57	206
Thurlstone	—	—	—	—	—	—	—	—	38
Thurnscoe	—	—	3	—	3	230	7	237	253
Thurstonland and Farnley Tyas	—	—	—	—	—	—	—	—	15
Tickhill	1	—	1	—	2	31	2	33	43
Todmorden B.	3	4	4	—	11	144	17	161	234
Wath-upon-Dearne	—	—	2	1	3	207	17	224	278
Whitley Upper	—	—	—	—	—	—	—	—	3
Whitwood	—	—	1	—	1	110	—	110	146
Wombwell	—	—	7	2	9	341	13	354	341
Worsborough	—	—	2	1	3	167	6	173	278
Yeadon	1	—	3	—	4	64	20	84	106

Sanitary District	District Nurses	Maternity Institutions	Independent		Total	Cases attended as		Total	Total Live and Still Births, 1935
			Trained	Bona-fide		Midwives	Maternity Nurses		
RURAL.									
Barnsley	—	—	2	—	2	46	—	46	97
Bishopthorpe	1	—	—	—	1	15	4	19	47
Bowland	2	—	—	—	2	27	20	47	59
Doncaster	2	—	12	—	14	574	34	608	938
Goole	2	—	1	—	3	50	3	53	132
Great Ouseburn	7	2	2	—	11	60	45	105	222
Halifax	1	—	1	—	2	52	4	56	100
Hemsworth	5	4	13	—	22	857	402	1259	1066
Hunslet	—	—	1	—	1	27	5	32	67
Keighley	1	—	2	—	3	92	15	107	154
Kiveton Park	—	—	4	2	6	228	18	246	261
Knaresborough	5	—	3	—	8	83	31	114	139
Pateley Bridge	1	—	2	—	3	16	20	36	95
Penistone	1	—	2	—	3	33	8	41	67
Pontefract	2	—	5	—	7	374	16	390	480
Ripon	6	—	—	—	6	29	14	43	57
Rotherham	5	—	10	—	15	576	94	670	893
Sedbergh	1	—	—	1	2	4	28	32	58
Selby	1	—	—	—	1	15	4	19	88
Settle	3	1	1	1	6	28	42	70	220
Skipton	5	—	—	—	5	14	35	49	211
Tadcaster	11	—	1	—	12	158	55	213	466
Thorne	2	—	7	—	9	663	9	672	730
Todmorden	—	—	—	—	—	—	—	—	63
Wakefield	5	—	2	—	7	189	22	211	327
Wetherby	9	—	2	—	11	93	41	134	222
Wharfedale N.	1	—	—	—	1	13	2	15	125
Wharfedale S.									
Wortley	3	1	8	—	12	264	46	310	392
Midwives residing outside Administrative County Area	170	96	277	16	559	15554	2630	18184	
	—	—	41	2	43	151	74	225	
TOTAL ...	170	96	318	18	602	15705	2704	18409	24213

Medical Aid Records.

The following table summarises the records received from midwives during the year 1935 and compares them with similar records for previous years:—

	1932	1933	1934	1935
Records of sending for Medical aid	5,855	5,953	6,385	6,398
Deaths of (a) Mother	11	17	14	15
(b) Child	149	123	126	122
Still-births	358	322	327	316
Laying out the dead	35	27	35	47
Liability to be a source of infection	117	107	157	155
Substitution of artificial feeding for breast-feeding	139	174	189	193

The number of copy medical aid records received from midwives during the year was 6,398 or 35·2 per cent. of the cases attended.

The following table shows the nature of the cases in which medical aid was sought, classified according to the Rules of the Central Midwives Board:—

RULE E 12(1).

Death of Mother 0

Death of Baby 3

RULE E.12(2)—PREGNANCY.

Ante-partum Haemorrhage ... 251	Post Maturity 4	Toxaemia 5
Abortion or Miscarriage ... 252	Oedema 93	Hydramnios 11
Threatened Abortion ... 184	Ante-natal Examination ... 155	Miscellaneous 198
Eclampsia 21	Purulent Discharge 25	Hyperemesis 76
Albuminuria 186	Varicose Veins 33	Contracted Pelvis 34
Pseudo-cyesis 1	Chorea 2	
Pyelitis 11	Hæmorrhoids 4	
High Blood Pressure ... 16	Prolapse 4	

RULE E.12(3)—LABOUR.

Adherent Placenta 53	Hydramnios 3	Foot Presentation 28
Retained Placenta or Membrane 93	Contracted Pelvis 49	Occipito-Posterior Presentation 120
Placenta Prævia 44	Rigid Cervix or Perineum ... 47	Eclampsia 10
Ruptured Perineum ... 1,299	Collapse 36	Miscellaneous 102
Prolonged Labour 653	Breech Presentation ... 142	Prolapse 10
Obstructed Labour 212	Undefined do. 84	Albuminuria 10
Precipitate Labour 14	Transverse do. 15	Fœtal Distress 15
Uterine Inertia 249	Funis do. 29	Debility 13
Laceration of Cervix ... 8	Face do. 11	Anæsthetic 4
Premature Labour 51	Hand do. 4	Deformity of Mother ... 13

RULE E.12(4)—LYING-IN.

Post-partum Hæmorrhage ...	115	Miscellaneous ...	106	Pyrexia ...	120
White Leg ...	4	Phlebitis ...	10	Mastitis ...	36
Oedema ...	4	Eclampsia ...	3	Albuminuria ...	2
Chorea ...	1	Debility ...	11	Sub-involution of Uterus ...	3
Prolapse of Uterus ...	3	Varicosity ...	12	Collapse ...	19
Thrombosis ...	3	Post-natal Examination ...	80		

RULE E.12(5)—THE CHILD.

Injuries at Birth ...	7	Unsatisfactory umbilicus ...	11	Tongue Tied ...	18
Twins and Triplets ...	26	Icterus Neonatorum ...	18	Inflammation of Eyes ...	176
Other Malformations ...	51	Miscellaneous ...	14	Prematurity ...	82
Pemphigus ...	4	Hare Lip and Cleft Palate ...	8	Phimosis ...	71
Convulsions ...	29	Spina Bifida ...	26	Rash ...	18
Dangerous Feebleness ...	201	Still-birth ...	47	Hæmorrhage from mouth ...	4
Talipes ...	2	Melæna ...	6	Asphyxia ...	48
Imperforate anus ...	3	Hæmophilia Neonatorum ...	2	Deaths of Infants ...	2

Still-Births.

The number of still-births notified by midwives was 316 or 1·74 per cent. of the total births attended by them.

The following table gives the number of still-births attended by midwives, and the percentage to total births attended by them, compared with previous years:—

Year	Number of Births attended by Midwives	Number of Still-births notified.	Percentage of Still-births to Births attended
1929	17,509	347	1·98
1930	17,067	320	1·87
1931	17,480	343	1·96
1932	17,198	358	2·08
1933	17,284	322	1·86
1934	17,836	337	1·89
1935	18,409	316	1·72

Liability to be a Source of Infection.

The number of notifications of liability to be a source of infection received from midwives was 155 compared with 157 for the previous year.

The following table shows the cases of infection with which midwives came into contact:—

Puerperal Fever and Pyrexia ...	113
Scarlet Fever ...	10
Diphtheria ...	1
Pemphigus Neonatorum ...	10
Erysipelas ...	6
Other cases of Infection ...	15
	155

During the year 10 midwives were suspended from midwifery practice for a period exceeding 24 hours owing to contact with cases of infectious disease.

Midwifery Service.

(a) PROVISION OF MIDWIVES.

At the present time the County Council is not training midwives, but in accordance with circular 559 of the Ministry of Health, a sum of £30 is paid to the West Riding Nursing Association in respect of each newly trained midwife placed in districts in the West Riding Administrative Area. These average 7 yearly.

During 1935, a sum of £210 was paid to the West Riding Nursing Association for the provision of 7 newly trained midwives to serve the areas of Greetland, Kirkburton and Otley Urban Districts, and the parishes of Upton (Hemsworth R.D.), Sawley (Ripon R.D.), Spofforth (Wetherby R.D.), and Grenoside (Wortley R.D.).

The actual number of midwives in the County is more than equal to requirements, but they are unevenly distributed over the area. It should be mentioned however that if it were possible to distribute all the cases evenly among the midwives working in the County, there will be insufficient patients per nurse to provide a living wage.

(b) PROVISION OF TRANSPORT, TELEPHONE AND EQUIPMENT.

The County Council has done much to increase the efficiency of Nursing Associations by assisting in the provision of motor transport for the nurse. It is known that 32 District Nursing Associations provide motor transport for the nurse, and the County Council has, in 15 instances, assisted financially towards the running expenses of these cars.

Several nursing associations in remote areas have installed a telephone in the nurse's home, but no doubt lack of funds has prevented other associations from acting similarly.

(c) PAYMENT OF MIDWIFE'S FEE IN NECESSITOUS CASES.

The County Council has a scheme in operation for contributing to the payment of midwifery fees in necessitous cases. The condition of payment is that the midwife charges a standard fee of 30/-, the patient contributing 10/- and the County Council £1. The average number of cases assisted yearly is 3,100. In cases where no maternity benefit has been received, the County Council pay the midwife the full fee of 30/-.

During 1935 a total sum of £3,542 was paid to midwives in the County Maternity and Child Welfare Area, representing 3,335 cases.

(d) PAYMENT OF DOCTORS CALLED TO THE ASSISTANCE OF A MIDWIFE.

This is a statutory obligation under the Midwives Act, 1918, and during 1935, midwives practising in the West Riding issued 6,398 medical aid notices, and a sum of £8,052 was paid to medical practitioners called by midwives in emergency.

This rising cost has not been accompanied by a diminution in the mortality rate.

(e) COMPENSATION OF A MIDWIFE WHEN SUSPENDED FROM PRACTICE ON ACCOUNT OF INFECTION, NOT BEING HERSELF IN DEFAULT.

This is a statutory obligation under the Midwives Acts.

During 1935, 9 midwives were compensated under this heading at a total cost to the County Council of £15 16s. 0d.

(f) COMPENSATION OF MIDWIVES FOR LOSS OF CASES SENT TO A MATERNITY HOSPITAL.

This scheme is carried out by the County Council and the sum of 15/- is paid for each case booked by the midwife and sent to hospital on account of some abnormality.

During 1935, 446 cases were referred to a maternity hospital, and a sum of £334 10s. 0d. paid in compensation to midwives.

(g) PROVISION OF A POST CERTIFICATE COURSE OF INSTRUCTION.

The County Council organises a residential course of lectures for midwives biennially at the Bingley Training College and pays their travelling, board and other incidental expenses. While the midwives are at Bingley the Health Visitors carry out the midwifery work if a locum tenens cannot be obtained.

(h) EMPLOYMENT OF MIDWIVES AS MATERNITY NURSES.

The County Council approved a scheme whereby assistance is granted in necessitous cases towards the fee of the midwife where she attends patients as a maternity nurse under the supervision of a medical practitioner, the patient contributing 10/- and the County Council 10/-.

During 1935, 18 cases received assistance under this scheme, compared with 22 the previous year.

It would appear that little progress has been made under the scheme, but it should be borne in mind that in these cases a doctor has been engaged by the patient and therefore whenever a midwife has also been engaged there are very few cases that come under the County Council's scheme of necessity.

If, as appears likely from advanced medical opinion, that in future a larger proportion of midwifery cases will be attended by doctors who have to some extent specialised in obstetrics, there is no doubt that this advance will be accompanied by a demand for more efficient nursing, and that the specialists will insist on skilled help.

(i) NURSING ASSOCIATIONS UNDERTAKING MIDWIFERY WORK.

During the year, special or additional grants were paid by the County Council to 11 District Nursing Associations working in the Riding, as under:—

(1) *Altofts*. Owing to the financial straits of the Association the grant was increased from £60 to £80 per annum. In addition to midwifery work this Association also undertakes the health visiting and school nursing work in Altofts on behalf of the County Council.

(2) *Green Hammerton (Great Ouseburn R.D.)*. A special grant of £20 was made to this Association to meet immediate financial needs.

(3) *Kirkby Malzeard (Ripon R.)*. An additional grant of £5 per annum was made to this Association towards the cost of running the nurse's car. The total grant now paid is £60 per annum.

(4) *North Stainley (Ripon R.)*. The grant to this Association was increased from £58 to £60 10s. 0d. per annum in aid of the cost of running the nurse's motor cycle.

(5) *Otley*. In consideration of this Nursing Association undertaking midwifery services in the parishes of Bramhope and Carleton (Wharfedale R.D.), the County Council made a grant of £10 per annum for two years as from the 1st October, 1935.

(6) *Oughtibridge (Wortley R.D.)*. The grant of £10 paid from year to year to this Association for the provision of motor transport for the nurse and the extension of their midwifery services to cover the district of Worrall, Middlewood Estate and Stockarth Lane, was authorised to be continued.

(7) *Oxenhope*. A new nursing association was formed during the year to provide an efficient midwifery and nursing service for the Urban District, and to assist financially the Association until it is firmly established, the County Council has authorised the payment of a grant of £40 per annum for a period of two years as from the 15th October, 1935.

(8) *Ribblesdale (Bowland R.D.)*. The grant of £20 per annum paid to this Association in respect of motor transport for the nurses employed by them was continued for a further period of two years as from the 1st April, 1935.

(9) *Sitlington (Wakefield R.D.)*. In consideration of this Association undertaking midwifery work in the Urban District of Flockton, in addition to health visiting, school nursing and midwifery in the parishes of Middlestown, Netherton and Overton, the grant paid was increased from £45 to £50 per annum as from the 1st January, 1936.

(10) *Ulleskelf (Tadcaster R.D.)*. A special grant of £20 was made to this Association towards extra expenditure incurred by the Association in the provision of a car for the nurse.

(11) *Walton and Heath (Wakefield R.D.)*. During the year, this Association extended the area served by them and also provided a motor car for the nurse, and in consideration of the Association undertaking health visiting, school nursing and midwifery in a number of parishes in the Wakefield Rural District, the County Council increased the grant paid from £40 to £60 per annum, including £10 per annum towards the cost of running the nurse's motor car, as from the 1st January, 1935.

The Local Government Act, 1929—Grants to Nursing Associations.

Section 101 of this Act deals with grants to Voluntary Associations and provides for securing payment by the County Council of annual contributions towards the expenses of Voluntary Associations providing Maternity and Child Welfare services in the County according to the above Act.

The payments made under this Scheme are in lieu of the grants which ceased to be payable as from the 31st March, 1930, and which were formerly paid by the Ministry of Health.

In January, 1933, the Minister of Health approved the Scheme made by the County Council under this Section of the Local Government Act, 1929, for the four years ending 31st March, 1937, and copies of the Scheme as under were forwarded to each Nursing Association concerned.

Voluntary Associations to which annual contributions will be paid by the Council.

(1) Name of Association.	(2) Amount of Annual Contribution.	(1) Name of Association.	(2) Amount of Annual Contribution.
	£ s. d.		£ s. d.
Midwifery Services.		Midwifery Services—contd.	
West Riding County Nursing Association, 9, Bridgefield Place, Leeds	1,048 2 6	Rawmarsh and Parkgate District ...	21 11 3
Aldbrough and Boroughbridge and District	31 8 0	Ribblesdale Benefit	20 0 0
Arthington and Pool	16 0 0	Ripon Victoria Nursing Institution ...	25 0 0
Bentham	12 0 0	Sawley	35 0 0
Boston Spa and Thorparch	8 0 0	Scissett	7 0 0
Bretton and Woolley	12 0 0	Sedbergh	24 0 0
Burton Leonard	8 0 0	Sharow	28 0 0
Cantley	17 16 0	Sitlington	7 16 0
†Darrington	15 0 0	South Crosland	5 8 0
Denaby Main and Conisbrough	8 0 0	South Elmsall and District	15 0 0
Denby and Cumberworth	21 4 0	Sowerby	23 0 0
Emley	22 16 0	Spofforth	10 0 0
Greasbrough	10 0 0	Stanningley and Farsley	12 0 0
Hampsthwaite	20 0 0	Steeton and Eastburn	9 0 0
Harrogate	25 0 0	Thurgoland	10 0 0
Heckmondwike	10 0 0	Tickhill	10 0 0
Hensall and Pollington	9 19 5	Todmorden	23 0 0
Hipperholme and District	12 0 0	Upper Wharfedale	20 0 0
Holme Valley Memorial Hospital ...	8 0 0	Walton and Heath	11 4 0
Horsforth	8 0 0	Whitley Bridge	14 8 0
Hunsingore	17 4 0	Wetherby and District	20 0 0
Killinghall	26 0 0	Yeadon	5 0 0
Kirkby Malzeard	32 0 0		
Kirkburton	10 0 0	Infant Welfare Centres.	
Knaresborough	15 0 0	Bentham Infant Welfare Centre—	
Ledsham and Ledston	14 8 0	St. Margaret's Sunday School,	
Long Marston	10 16 0	Robin's Lane, Bentham	5 4 7
Luddendenfoot Nursing Institution ...	12 0 0		
Micklefield	10 16 0	Maternity Homes.	
Mirfield	16 0 0	Heckmondwike District Nursing	
Meltham	9 0 0	Association—Maternity Home at	
Mytholmroyd	8 0 0	43, Cemetery Road, Heckmond-	
North Stainley	28 0 0	wike	214 4 11
Oakworth	10 8 6		
Otley	13 0 0	Babies' Home.	
Ouseburn and District	27 12 0	St. Agnes Babies' Home, Harrogate	206 6 5
Pannal and Beckwithshaw	16 0 0		
Rawcliffe	3 4 0		
Rawdon	7 0 0		

The following is a summary of the grants paid during the financial year 1935-36.

	£	s.	d.
(a) West Riding County Nursing Association	1,048	2	6
(b) Midwifery—Grants to 59 nursing associations (referred to in the scheme)	902	19	2
(c) Infant Welfare Centres	5	4	7
(d) Maternity Homes	214	4	11
(e) Babies' Homes	206	6	5
	<u>2,376</u>	<u>17</u>	<u>7</u>

† The Darrington Nursing Association did not carry out any nursing work during the year, and no grant was recommended.

Nursing Associations.

West Riding County Nursing Association.

The County Superintendent of the West Riding Nursing Association reports that the work in the County goes on steadily increasing. During 1935, four associations have affiliated to the County Nursing Association, making a total of 125 affiliated associations.

The nurses continue to work well and loyally, carrying out their many duties in a capable and kindly way.

160 nurses are working in the 125 affiliated districts, and of these:—

91 are Queen's nurses.

25 are trained nurse-midwives.

44 are village nurse-midwives.

49 nurses do combined duties of midwifery, general, school and health visiting.

73 nurses do general and midwifery work only.

38 nurses do general work only.

The nurses have attended 16,727 general cases and

3,044 midwifery and maternity cases.

They have made 376,727 general nursing visits.

44,312 midwifery and maternity visits.

18,722 pre-natal visits.

21,973 infant health visits.

5,929 school and home visits.

making a total of 467,663 visits.

The work of the Association is well managed and the County Superintendent and her assistant are in constant touch with this Department, and co-operate in the work with the Assistant Inspectors of Nurses and Midwives in the County.

THE PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS, 1926.

Beds are not specially reserved for the treatment of puerperal sepsis, but cases are transferred to any of the following hospitals with which the County Council has an arrangement.

ISOLATION HOSPITALS.

Colne and Holme Joint Hospital, Meltham.

Leeds City Fever Hospital, Seacroft.

Wharfedale Joint Hospital, Menston.

Skipton Joint Hospital, Skipton.

Keighley and Bingley Joint Hospital, Morton Banks.

Goole Joint Hospital.

VOLUNTARY GENERAL HOSPITALS.

Jessop Hospital for Women, Sheffield.

Huddersfield Royal Infirmary.

Harrogate and District General Hospital.

Leeds Maternity Hospital.

York County Hospital.

MUNICIPAL HOSPITALS.

County Institution, Wakefield.

Halifax General Hospital (St. Luke's).

PRIVATE NURSING HOMES.

St. George's Nursing Home (attached to the Edenfield Maternity Home at Doncaster) is set aside chiefly for the treatment of cases of puerperal fever.

/ Isolation Wards connected with Maternity Units.

An observation ward with one bed is used for temporary pyrexial cases at the Skipton and District Hospital. On transference of the maternity wards at the County Maternity Home, Montagu Hospital, Mexborough, to the upper floor, two isolation wards containing one bed each will be available.

The following table gives the special services provided by the County Council under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, together with the cost of such services to the County Council, during the year 1935.

				Cases	Amount		
					£	s.	d.
Hospital Treatment	...	...	...	154	2,552	8	6
*Consultant Obstetrician	(13 cases)	...	...	4	77	0	0
Ambulance	(8 cases)	...	...	—	7	10	0
Domiciliary Nurse	...	...	...	2	19	3	6
				160	2,656	2	0

*Consultant Obstetricians were requested in 13 cases, and 11 of these patients were removed to hospital, and are included in the hospital cases.

Ophthalmia Neonatorum.

The following table shows the number of cases of ophthalmia neonatorum reported in the whole of the Administrative County during the last three years:—

1933	1934	1935
87	105	100

The details of the cases reported upon in the County Notification of Births Area, in accordance with the instructions issued by the Ministry of Health (Circular 648, p. 12) are shown in the following table:—

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Removed from Area.
Notified.	Treated.					
	At Home.	In Hospital.				
63	45	15	60	—	—	3

PREVENTIVE MEASURES.

All practising midwives are supplied free of charge by the County Council with “Collosol Argentum” and instructed to instil two drops into each eye immediately at birth. 75% of the confinements in the County are attended by midwives.

TREATMENT.

All cases notified in the County Maternity and Child Welfare area where not admitted to hospital are under the supervision of the County Council's Health Visitors and the termination of all cases is reported to the County Medical Officer.

The County Council has provided hospital facilities for the treatment of this disease and if necessary arrangements can be made for the mother to accompany the baby in cases where the child is breast fed. The majority of cases are treated in general hospitals and in other hospital cases the fees paid by the County Council vary from £1 1s. 0d. to £3 3s. 0d. per week plus extra fees when the mother accompanies the baby.

The Nursing Homes Registration Act, 1927.

The above Act came into force on the 1st July, 1928, and repealed Part II. of the Midwives and Maternity Homes Act, 1926, which dealt with the registration of Maternity Homes.

Under the Nursing Homes Registration Act, 1927, all Nursing Homes are required to be registered by the Local Supervising Authority under a penalty not exceeding £50 on summary conviction.

The following table gives the number and classification of Homes registered by the County Council during the year.

Nursing Homes	...	...	...	...	...	...	...	6
Infirm and Care cases only	...	...	...	...	...	...	...	2
Maternity cases only	...	...	...	...	...	...	...	10

The number of registered Nursing Homes in existence at the end of the year was 87.

During the year one application for Exemption from Registration was granted.

Ante-Natal Clinics.

The following table gives particulars of the ante-natal clinics established by the County Council, shewing their location, days and times of sessions, name of Medical Officer and qualifications, nursing staff in attendance and the average attendance of expectant mothers at each clinic.

Rapid progress has been made in this branch of the service and the number of these special clinics increased from 54 in 1934 to 78 at the end of 1935, an increase of 24 clinics.

Additional sessions were also arranged at the existing ante-natal clinics at Bentley, Carcroft, Cudworth, Dinnington, Edlington, Garforth, Horbury, Rawmarsh and Woodlands.

Location	Day and Hours of Attendance	Medical Staff—Names and Qualifications	Number of		Average attendance per Session
			Health Visiting Staff	Nursing Staff (Midwives)	
1. Adwick-le-Street U.D., Woodlands Wesleyan Chapel	First and third Wednesday, 10-30 a.m.—all day.	Dora Chapman, M.B., Ch.B.	2	3	21
2. Airedale (Pontefract R.D.), Holy Cross Hut	First and third Thursday, 2 to 5 p.m.	Christina M. Hawick, M.B., Ch.B.	1	2	12
3. Allerton Bywater (Tadcaster R.D.), Methodist Sunday School ...	Third Thursday, 2 to 4-30 p.m.	Dorothy Summers, M.B., Ch.B.	1	—	5
4. Ardsley E. and W. U.D., House, No. 1, Syke Lane, W. Ardsley ...	Second Thursday, 2 to 4-30 p.m.	Dorothy Summers, M.B., Ch.B.	1	3	12
5. Askern (Doncaster R.D.), Wesleyan Sunday School	Last Thursday, 2 to 4 p.m.	D. Malloch, M.B., Ch.B.	1	2	14
6. Barnoldswick U.D., Bethesda Baptist Chapel	Second Friday, 2 to 4 p.m.	Annie V. Neilson, M.B., B.S.	1	1	4
7. Bentley U.D., Welfare Pavilion	First and third Fridays, 2 to 6 p.m.	Bessie Cook, M.B., Ch.B.	2	2	17
8. Carcroft (Adwick-le-Street U.D.), Presbyterian Sunday School ...	First Monday, 2 to 5 p.m.	Bethia M. Newlands, M.B., Ch.B.	1	2	14
9. Catcliffe (Rotherham R.D.), House in Rotherham Road	Alternate Mondays, 2 to 5-30 p.m.	Rosie B. Becker, M.D., M.B., Ch.B., D.P.H.	1	1	8
10. Chapeltown (Wortley R.D.), Miners' Welfare Institute	First Friday, 2 to 4-30 p.m.	Enid F. Cook, M.B., Ch.B.	1	3	7
11. Conisbrough U.D., Army Hut, Balby Street Council School ...	First and third Wednesdays, 9-30 a.m.—all day.	Bethia M. Newlands, M.B., Ch.B.	2	1	16
12. Crigglestone (Wakefield R.D.), Village Institute	First Friday, 2 to 4 p.m.	Katherine M. Hick, M.R.C.S., L.R.C.P.	1	1	7
13. Crofton (Wakefield R.D.), United Methodist Church	First Thursday, 2 to 4 p.m.	Doris M. Ringrose, M.B., Ch.B., D.P.H.	1	2	12
14. Cudworth U.D., Wesley Hall	First Friday, 2 to 6 p.m.	Jean J. Smith, M.B., Ch.B.	1	3	16
15. Dalton (Rotherham R.D.), Primitive Methodist Chapel	Third Thursday, 2-30 to 5 p.m.	Barbara Demaine, M.B., Ch.B., D.P.H.	1	1	5
16. Darfield U.D., Wesleyan Sunday School	Second Friday, 2 to 5-30 p.m.	Mary Boyd, M.B., Ch.B.	1	2	14
17. Darton U.D., Primitive Methodist Chapel	First Friday, 2 to 5 p.m.	Doris M. Ringrose, M.B., Ch.B., D.P.H.	2	3	13
18. Denby and Cumberworth U.D., Victoria Memorial Hall	First Tuesday, 2 to 4 p.m.	Jean V. Kirkwood, M.B., D.P.H.	1	2	5
19. Dinnington (Kiveton Park R.D.), Wesleyan Sunday School	First and third Fridays, 2 to 4 p.m.	Marjorie T. Jago, M.B., Ch.B.	1	3	15
20. Dodworth U.D., Wesleyan Chapel	Fourth Thursday, 2 to 5 p.m.	Barbara Demaine, M.B., Ch.B., D.P.H.	1	2	3
21. Drighlington U.D., Wesleyan Sunday School	Last Thursday, 2 to 4 p.m.	Dorothy Summers, M.B., Ch.B.	1	1	18
22. Dunscroft (Thorne R.D.), Church Hall	Second and fourth Friday, 2 to 6 p.m.	Bessie Cook, M.B., Ch.B.	1	1	11
23. Earby U.D., Old Grammar School ...	Fourth Friday, 2 to 4 p.m.	Annie V. Neilson, M.B., B.S.	1	1	5
24. Ecclesfield (Wortley R.D.), Gatty Memorial Hall	First Thursday, 2 to 4 p.m.	Barbara Demaine, M.B., Ch.B., D.P.H.	1	1	6
25. Edlington (Doncaster R.D.), United Methodist Church	First and Third Thursday, 2 to 4 p.m.	Marjorie Rushbrooke, M.B., B.S.	2	1	16
26. Ferrybridge (Pontefract R.D.), Wesleyan Church	Third Tuesday, 2 to 4 p.m.	Marjorie Steven, M.B., Ch.B.	1	1	6
27. Fitzwilliam (Hemsworth U.D.), Church Hut	First Wednesday, 2 to 4-30 p.m.	M. S. Ross, M.B., Ch.B.	1	1	17
28. Garforth U.D., St. Mary's Hall ...	Third Friday, 2 to 4 p.m.	Dorothy Summers, M.B., Ch.B.	1	2	8
29. Gawber (Darton U.D.), Adult School	Second and fourth Wednesday, 2 to 4-30 p.m.	Doris M. Ringrose, M.B., Ch.B., D.P.H.	1	1	6
30. Glasshoughton (Pontefract R.D.), St. Paul's Institute	Fourth Monday, 2 to 5 p.m.	Emily E. Johnson, M.B., Ch.B.	1	1	3
31. Grassington (Skipton R.D.), Church House	First Thursday, 10 to 12 noon.	J. M. Anderson, M.R.C.S., L.R.C.P.	1	1	6
32. Greetland U.D., Clay House	Second Wednesday, 9-30 to 11-30 a.m.	Hilda Leake, M.B., Ch.B.	1	1	11
33. Guiseley U.D., Baptist Church	First Wednesday, 10 to 12 noon.	Dorothy Summers, M.B., Ch.B.	2	3	13
34. Hebden Bridge U.D., Old Secondary School, Pitt Street ...	Last Friday, 2 to 4 p.m.	Elizabeth Thompson, M.B., Ch.B.	1	2	6
35. Hemsworth U.D., Army Hut, West End Council School	First Tuesday, 2 to 5-30 p.m.	Jean J. Smith, M.B., Ch.B.	1	3	12
36. High Green (Wortley R.D.), Methodist Sunday School	First Wednesday, 2 to 4 p.m.	Barbara Demaine, M.B., Ch.B., D.P.H.	1	2	10
37. Hipperholme U.D., Wesleyan Sunday School	First Friday, 2 to 4 p.m.	Elizabeth Thompson, M.B., Ch.B.	1	2	10
38. Holmfirth U.D., Town Hall	Fourth Wednesday, 2 to 4 p.m.	Hilda Leake, M.B., Ch.B.	1	2	7

ANTE-NATAL CLINICS.—continued.

Location	Day and Hours of Attendance	Medical Staff—Names and Qualifications	Number of		Average attendance per Session
			Health Visiting Staff	Nursing Staff (Mid-wives)	
39. Horbury U.D., Wesleyan Sunday School	First and third Thursday, 2 to 4 p.m.	Annabella Rennie, M.B., Ch.B.	1	2	12
40. Horsforth U.D., St. Margaret's Hall ...	First Monday, 3 to 4 p.m.	C. W. Dudley, M.B., Ch.B.	1	1	3
41. Hoyland U.D., 8, Kirk Balk ...	Every Monday, 2 to 5 p.m.	Enid F. Cook, M.B., Ch.B.	2	5	17
42. Kirk Sandall (Doncaster R.D.), Assembly Hall ...	First Monday, 2-30 to 4 p.m.	Joseph Graham, M.B., Ch.B.	1	1	8
43. Knaresborough U.D., Fysche Hall Cottage ...	Alternate Mondays, 2 to 4 p.m.	L. Allison Thomas, M.R.C.S., L.R.C.P.	1	2	10
44. Knottingley U.D., Old Secondary School	Second Tuesday, 2 to 4 p.m.	Marjorie Steven, M.B., Ch.B.	1	1	7
45. Lepton U.D., Ashfield Liberal Club ...	Third Thursday, 2 to 4 p.m.	Hilda Leake, M.B., Ch.B.	1	2	7
46. Maltby U.D., Congregational Chapel ...	First Tuesday, 2 to 5 p.m.	W. Land Dibb, M.B., Ch.B.	1	1	11
47. Marsden U.D., Conservative Club ...	Third Monday, 2 to 4 p.m.	Annabella Rennie, M.B., Ch.B.	1	1	3
48. Meltham U.D., Baptist Church ...	First Thursday, 2-30 to 5 p.m.	Hilda Leake, M.B., Ch.B.	1	1	9
49. Milnsbridge (Linthwaite U.D.), 93, Manchester Road ...	First and third Wednesday, 2 to 4 p.m.	Annabella Rennie, M.B., Ch.B.	1	1	11
50. Mirfield U.D., Ings Grove ...	Third Monday, 2 to 5 p.m.	Hilda Leake, M.B., Ch.B.	1	1	14
51. Moorends (Thorne R.D.), Wesleyan Chapel ...	Second Wednesday, 11 a.m. to 1 p.m., and 2 to 5 p.m.	Helen Lindsay, M.B., Ch.B.	1	2	21
52. Normanton U.D., Park Pavilion ...	Second and fourth Thursday, 10 a.m. to 12-30 p.m.	Gertrude M. Mayhall, M.R.C.S., L.R.C.P.	1	1	11
53. Otley U.D., Primitive Methodist Chapel	First Tuesday, 2 to 4-30 p.m.	W. H. Galloway, M.R.C.S., L.R.C.P.	1	1	8
54. Outwood (Stanley U.D.), Church Institute ...	Second Wednesday, 2 to 4 p.m.	J. D. Bottomley, M.B., Ch.B.	1	1	10
55. Penistone U.D., Shrewsbury Methodist Chapel ...	First Friday, 2 to 4 p.m.	Muriel Wilby, M.R.C.S., L.R.C.P.	1	3	8
56. Queensbury U.D., Cricket Pavilion ...	First Friday, 2-30 to 4-30 p.m.	George C. Sharp, M.B., Ch.B.	1	2	8
57. Rawmarsh U.D., Spiritual Temple, Parkgate ...	Every Thursday, 2 to 6 p.m.	Doris Pindar, M.B., Ch.B.	2	7	35
58. Rossington (Doncaster R.D.), United Methodist Church ...	First and third Thursdays, 2 to 5 p.m.	Helen Lindsay, M.B., Ch.B.	1	2	13
59. Royston U.D., Wesleyan Sunday School	First Tuesday, 2 to 5 p.m.	Marian Jones, M.B., Ch.B.	1	2	8
60. Saddleworth U.D., Mechanics' Institute, Uppermill ...	Fourth Thursday, 2 to 4 p.m.	Annabella Rennie, M.B., Ch.B.	1	3	2
61. Settle (Settle R.D.), Wesleyan Sunday School ...	Second Tuesday, 2-30 to 4-30 p.m.	Elizabeth B. Dowell, M.B., Ch.B.	1	2	3
62. Sharlston (Wakefield R.D.), St. Luke's Hall ...	Third Friday, 2 to 4 p.m.	Doris M. Ringrose, M.B., Ch.B., D.P.H.	1	1	7
63. Skipton U.D., Methodist Sunday School	First Monday, 2 to 4 p.m.	Henrietta Frost, M.B., B.Ch.	1	1	7
64. South Milford (Tadcaster R.D.), St. Mary's Sunday School ...	Fourth Friday, 2 to 4 p.m.	Katherine M. Hick, M.R.C.S., L.R.C.P.	1	1	7
65. Sowerby Bridge U.D., Allan House ...	First Tuesday, 2 to 4-30 p.m.	Janet M. Macmillan, M.B., Ch.B.	3	1	2
66. Springhead U.D., Congregational Chapel	Second Tuesday, 2 to 4 p.m.	Constance Dickson, B.A., M.B., B.Ch., L.M.	1	1	2
67. Stainforth (Thorne R.D.), New Wesleyan Chapel ...	First Wednesday, 11 a.m. to 1 p.m. and 2 to 4-30 p.m.	Helen Lindsay, M.B., Ch.B.	1	2	19
68. Stanley U.D., Zion Congregational Chapel ...	First Friday, 2 to 4 p.m.	Dorothy Summers, M.B., Ch.B.	1	1	12
69. Swallownest (Rotherham R.D.), Church Hall ...	Second Thursday, 2 to 4 p.m.	Dora Chapman, M.B., Ch.B.	1	1	9
70. Swillington (Tadcaster R.D.), Hut, near Church ...	First Thursday, 2 to 5 p.m.	Dorothy Summers, M.B., Ch.B.	1	—	15
71. Swinton U.D., Rock House ...	First and third Friday, 2 to 5 p.m.	Mary Boyd, M.B., Ch.B.	2	2	14
72. Thurcroft (Rotherham R.D.), Methodist Church ...	First Thursday, 2 to 5 p.m.	Dora Chapman, M.B., Ch.B.	1	3	9
73. Thurnscoe U.D., St. Helen's Sunday School ...	Alternate Fridays, 2 to 5 p.m.	Barbara Demaine, M.B., Ch.B., D.P.H.	1	2	15
74. Wales (Kiveton Park R.D.), Methodist Chapel ...	Second and fourth Thursday, 2 to 4 p.m.	Marjorie Rushbrooke, M.B., B.S.	1	1	8
75. Wath-on-Dearne U.D., West Melton Wesleyan Chapel ...	Second and fourth Wednesday, 10-30 a.m.—all day.	Dora Chapman, M.B., Ch.B.	2	4	17
76. Wetherby (Wetherby R.D.), Methodist Chapel ...	First Friday, 2 to 3 p.m.	Osra M. Phillips, M.B., Ch.B.	1	2	8
77. Whitwood U.D., Memorial Hall ...	First Tuesday, 3 to 5 p.m.	Marjorie Steven, M.B., Ch.B.	1	1	8
78. Worsborough U.D., Wesleyan Sunday School, Worsborough Dale ...	Alternate Tuesdays, 11-15 a.m. to 1-30 p.m.	H. A. L. Banham, L.R.C.P., L.R.C.S.	1	2	14

ANTE-NATAL CLINICS.

The following table shews the distribution of Ante-natal Clinics in days and weeks.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.
First	Carcroft Horsforth Kirk Sandall Skipton	Denby and Cumberworth Hemsworth Maltby Otley Royston Sowerby Bridge Whitwood	*Adwick-le-Street Fitzwilliam *Conisborough †Guisley High Green Milnsbridge *Stainforth	Airedale Crofton Ecclesfield Edlington Grassington Horbury Meltham Rossington Swillington Thurcroft	Bentley Darton Chapeltown Crigglestone Cudworth Dinnington Hipperholme Penistone Queensbury Stanley Swinton Wetherby
Second		Knottingley Settle Springhead	Glasshoughton †Greetland *Moorends Outwood *Wath-on-Deane	Ardsley West Kiveton Park †Normanton Swallownest	Barnoldswick Darfield Dunscroft
Third	Marsden Mirfield	Ferrybridge	*Adwick-le-Street Conisborough Milnsbridge	Airedale Allerton Bywater Dalton Edlington Horbury Lepton Rossington	Bentley Dinnington Garforth Sharlston Swinton
Fourth	Gawber		Glasshoughton Holmfirth *Wath-on-Deane	Dodworth Kiveton Park †Normanton Saddleworth	Dunscroft Early South Milford
Last				Askern Drighlington	Hebden Bridge
Alternate	Catcliffe Knaresborough	†Worsborough			Thurnscoe
Weekly	Hoyland.			Rawmarsh	

† Sessions held in morning.

* Sessions held in morning and afternoon.

All other sessions held in afternoon only.

ANTE-NATAL CLINICS.

The following table shews the distribution of Medical Officers at the various clinics:—

Conducted by whole-time School and M.C.W. Medical Officers.	Conducted by part time Medical Officers of Health of Sanitary Districts.	Conducted by part time Medical practitioners.	Conducted by part-time Officers not engaged in private practice.	
Catcliffe Denby Dale Sowerby Bridge Normanton { Carcroft { Conisborough { Horbury { Milnsbridge { Marsden { Saddleworth { Cudworth { Hemsworth *Grassington	*Worsborough *Maltby	*Outwood { Swinton { Darfield { Bentley { Dunscroft *Horsforth *Otley *Kirk Sandall Airedale Dinnington Glasshoughton { Moorends { Rossington { Stainforth *Askern Rawmarsh *Fitzwilliam Knaresborough	{ Edlington { Kiveton Park (Wales) *Queensbury { Ferrybridge { Whitwood { Knottingley { Ardsley { Drighlington { Garforth { Guiseley { Stanley { Swillington { Allerton Bywater { Royston { Darton { Thurnscoe { Gawber { Barnoldswick { Earby { Crigglestone { South Milford Settle Skipton Wetherby	{ Adwick-le-Street { Thurcroft { Swallownest { Wath-on-Deane { Chapeltown { Dalton { Hoyland { Crofton { Sharlston { Greetland { Mirfield { Holmfirth { Meltham { Lepton Penistone { Hipperholme { Hebden Bridge { Ecclesfield { High Green { Dodworth Springhead

* Clinics conducted by male Medical Officers (10).

All other clinics conducted by female Medical Officers (68).

Clinics conducted by same Medical Officer bracketed together.

(b) Ante-natal Work in Remote Areas.

In remote areas where there is no ante-natal clinic within reasonable distance, arrangements have been made whereby a local medical practitioner carries out two examinations:—

1st. General medical examination early in pregnancy.

2nd. Full obstetrical examination at the seventh or eighth month.

These examinations are carried out either at the patient's house or the doctor's surgery.

The County Council pay 5/- for each examination and mileage fee of 1/- per mile after the first two miles on the outward journey only.

The scheme is worked on similar lines to the calling in of a doctor in emergency in a midwife's case. Books of notices in triplicate have been supplied to midwives, one copy is sent to the doctor, one to County Medical Officer, and the other retained by the midwife. The doctor, on sending his account, attaches each notice he has received thereto.

This scheme was doubtfully received by the midwives but as they have now realised its effectiveness, they are co-operating more than formerly.

In 1935, 244 notices were issued to doctors by midwives against 324 in 1934.

This decrease of 80 is due to the additional provision made during the year by the County Council for the ante-natal examination of expectant mothers at special clinics attached to Child Welfare Centres.

Services of Consultants in Midwifery Service.

The Minister of Health is urging Local Authorities to take all possible steps to reduce the amount of illness and number of deaths among women following upon childbirth, and with this object in view the West Riding Public Health Committee has approved a scheme for the calling in of consultants, by medical practitioners in cases of abnormality occurring during pregnancy, labour or lying-in in the homes of patients.

Hitherto there has been a wide gap between the hospital and domiciliary consultant services, and it is with the object of lessening this gap that the County Council has approved a scale of fees for domiciliary consultative and operative work.

The fees approved are as follows:—

- (a) For consultation—£3 3s. 0d. up to 10 miles.
- £4 4s. 0d. 10 to 15 miles.
- £5 5s. 0d. 15 to 20 miles.
- £6 6s. 0d. 20 miles or over.

plus operative fee, when such is necessary.

This only applies to those areas where the County Council is the Authority under the Maternity and Child Welfare Act,, and the following districts, which are autonomous for maternity and child welfare services, are excluded from the scheme:—the Boroughs of Batley, Brighouse, Goole, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-upon-Deane, Castleford, Featherstone, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spensborough and Wombwell, and the Rural District of Hemsworth.

The following is a list of approved obstetricians practising in the West Riding and neighbouring counties:—

Telephone No.	Name.	Address.
BARNSELY DISTRICT.		
779	Potter, G. R.	10, Victoria Street, Barnsley.
BRADFORD DISTRICT.		
1119	Hughes, Basil.	1, Mornington Villas, Bradford.
3786	Rawson, W. Foster.	9, Park Drive, Bradford.
DONCASTER DISTRICT.		
642	Shepherd, W. Moir.	Arendel House, Thorne Road, Doncaster.
302	Semple, J. P.	65, Thorne Road, Doncaster.
242	Callander, L. D.	Danum House, South Parade, Doncaster.
HARROGATE DISTRICT.		
4548	Grange, C. D'Oyly.	2, Lancaster Road, Harrogate.
2898	Pearce, T. V.	2, Brunswick Drive, Harrogate.
HUDDERSFIELD DISTRICT.		
74	Galloway, W. D.	Sunnybank, Holmfirth.
LEEDS DISTRICT.		
22848	Adamson, Mrs. R. H. B.	24, Park Square, Leeds.
22848	Currie, David W.	24, do. do.
27625	Claye, Prof. A. M.	25, do. do.
22723	Gough, Alfred.	42, do. do.
22161	Gough, Prof. Wm.	31, do. do.
22733	Jeaffreson, B. L.	32, do. do.
22312	Oldfield, Prof. Carlton.	25a, do. do.
22026	Young, Wm. McGregor.	14, Eldon Terrace, Leeds.
MANCHESTER DISTRICT.		
0435 (Blackfriars) ...	Addis, W. R.	2, St. John Street, Manchester.
8416 (City) ...	Bailey, Kenneth V.	2, St. John Street, Manchester.
3762 (Didsbury) ...	Brentnall, Chas. P.	Riversdale, Mersey Road, West Didsbury.
8963 (Blackfriars) ...	Bride, J. Webster.	74, Palatine Road, Withington, Manchester.
2867 (Burnley) ...	Callam, A.	1, Ormerod Road, Burnley.
1434 (Didsbury) ...	Donald, Prof. Archibald.	2, St. Peters Square, Manchester.
6458 (Blackfriars) ...	Dougal, Prof. Daniel.	Southernhay, Mersey Road, West Didsbury.
86	Fitzgerald, G. W.	Albert Square, Manchester.
2681 (Didsbury) ...	George, Wm.	2, Fenton Street, Lancaster.
3287 (Blackfriars) ...	Gerrard, Eric.	4, Rowsley Avenue, West Didsbury.
1500 (Blackfriars) ...	Hunter, J. W. A.	2, St. John Street, Manchester.
7727 (Blackfriars) ...	Lacey, F. H.	16, St. John Street, Manchester.
2198 (Blackfriars) ...	Shaw, Prof. W. F.	5, Park Crescent, Victoria Park, Manchester.
	Newton, Robert.	11, St. John Street, Manchester.
SHEFFIELD DISTRICT.		
61980 (Broomhill) ...	Chisholm, John.	430, Glossop Road, Sheffield.
62726 (Broomhill) ...	Davies, G. A.	Jessop Hospital for Women, Sheffield.
1551	Edwards, N. L.	64, Friar Gate, Derby.
43635	Malkin, H. J.	10, The Ropewalk, Nottingham.
2967	Milward, F. J.	7, Abercrombie Street, Chesterfield.
62302 (Broomhill) ...	Phillips, Prof. M. H.	420, Glossop Road, Sheffield.
60837 (Broomhill) ...	Stacey, J. Eric.	Don Bank, Manchester Road, Sheffield.
20320	Patrick, L. B.	80, Upper Hanover Street, Sheffield 3.
WAKEFIELD DISTRICT.		
2801	Thomson, J. W.	The Grove, College Grove Road, Wakefield.
YORK DISTRICT.		
3106	Lister, A. R.	57, Bootham, York.
3155	Hughes, Gerald S.	6, St. Leonards, York.

Consultant Ante-Natal Clinics.

In connection with the scheme to combat the high rate of maternal mortality in the Riding, further progress has been made with regard to the establishment of consultant ante-natal clinics, and in addition to the one already established at Doncaster, clinics are now available at Leeds and Sheffield.

These three clinics serve about 60 child welfare centres and ante-natal clinics in the Riding, and consultations are held once a month or oftener if required. A suitable date is fixed for expectant mothers to attend the consultant clinics and patients, nurses and midwives are notified of the times and dates of the consultations. A report of the examination is supplied to each medical officer. In urgent cases where the confinement is imminent and any abnormality is suspected, the patient is sent into the maternity hospital for immediate examination. If the patient is unable to travel, arrangements are made to remove her to hospital by ambulance or taxi and in necessitous cases travelling expenses are defrayed by the County Council.

During 1935, 64 patients were referred to consultant clinics.

DONCASTER. The consultant in charge of this clinic is Mr. W. Moir Shepherd, F.R.C.S., and this serves the County Area around Doncaster to which exceptional maternity cases from centres, ante-natal clinics, etc., are referred.

During 1935, 60 patients were referred to this clinic.

LEEDS. In September, 1935, a consultant clinic was established and arrangements were made with the Leeds Maternity Hospital for the use of accommodation in their Hospital for this purpose. There is a panel of consultants appointed, all of whom are honorary obstetric surgeons to the Leeds Maternity Hospital.

Dr. R. H. B. Adamson.
A. M. Claye, F.R.C.S.
D. Currie, F.R.C.S.
A. Gough, F.R.C.S.
W. Gough, F.R.C.S.
B. L. Jeaffreson, F.R.C.S.
Carlton Oldfield, F.R.C.S.
Dr. McGregor Young.

During the four months the scheme was in operation in 1935, one patient was seen at this clinic.

SHEFFIELD. In October, 1935, a consultant clinic was established in Sheffield to serve at least 18 ante-natal clinics within a reasonable distance of Sheffield, to which cases are referred by the ante-natal officers for consultant opinion. In the Sheffield area this matter is somewhat complicated owing to the operation of the Sheffield Hospitals "Penny in the Pound" scheme, whereby contributors under this scheme receive advice and treatment free of charge. The Jessop Hospital for Women, Sheffield, is staffed by consultants, and patients' own medical attendants or the ante-natal officers can refer women to this institution if the husband is a contributor to this scheme. It is for those women, who for some reason or other do not come within this scheme, that the County Council has made provision, and it has been arranged that such patients should not be seen at the Jessop Hospital (where the work of these consultants is honorary) but at their consulting rooms by appointment. In Sheffield there are four consultants who have been appointed by the County Council for this service and a rota operates for a period of three months each:

John Chisholm, F.R.C.S.
Glyn Davies, F.R.C.S.
Leslie B. Patrick.
J. Eric Stacey, F.R.C.S.

Three patients were referred to this clinic during the few months it was in operation last year.

Maternal Mortality.

Since the Minister of Health issued Circular 1433 in October, 1934, relating to the progress of schemes adopted for combating maternal mortality, the County Council has concentrated its efforts on this particular question and rapid progress has been made during the year to expand as far as possible the maternity and child welfare service.

Much has been accomplished to assist the mothers of the County, but the death rate still remains high. The County Council has assisted materially by providing an efficient midwifery service for the County, the provision of consultants, hospital beds and ancillaries, such as sterilised outfits, milk and meals for expectant mothers, and has advanced rapidly in the provision of ante-natal clinics.

The services provided may be summarised as follows:—

CHILD WELFARE NURSES to visit and supervise all children in the district requiring attention, and to visit expectant mothers who have attended at an ante-natal centre or for whom visits are desirable.

CHILD WELFARE CENTRES, where mothers can obtain expert advice free regarding their own health and that of their children.

PROVISION OF DRIED MILK AND VIROL. In necessitous cases these commodities can be obtained free or at half price.

CONVALESCENT TREATMENT for mothers suffering from the effects of recent confinement.

ANTE-NATAL CLINICS are provided in conjunction with 78 Child Welfare Centres and others are being gradually established.

They provide for ante-natal examination by specialist officers, and in cases where some abnormality is found CONSULTANT OPINION can be obtained without any cost to the patient.

At those Centres where no special clinic is held, facilities are available for ante-natal work.

ANTE-NATAL WORK IN REMOTE AREAS. In those areas where there is no ante-natal clinic within reasonable distance, arrangements have been made for a local medical practitioner to carry out two examinations, subject only to a midwife having been engaged:—

1st—General medical examination early in pregnancy;

2nd—Full obstetrical examination at the seventh or eighth month.

These examinations are carried out either at the patient's house or the doctor's surgery.

CONSULTANT SERVICE. Consultant obstetricians are provided during pregnancy, labour, or lying-in, at the request of the doctor in attendance, without any charge to the patient.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS who are not eligible for dental treatment from any other service. This is referred to in detail in another part of this report.

MILK AND MID-DAY MEALS FOR EXPECTANT MOTHERS are provided free in necessitous cases.

PAYMENT OF MIDWIVES FEES IN NECESSITOUS CASES.

PAYMENT OF DOCTORS' FEES WHEN CALLED TO THE ASSISTANCE OF A MIDWIFE.

PROVISION OF HOSPITAL AND HOME NURSING FOR PUERPERAL FEVER. This service is provided free of cost to the patient.

INSTITUTIONAL PROVISION FOR MATERNITY CASES. Under this heading is included the provision of beds for cases of abnormal midwifery and abnormal ante-natal conditions, and for patients whose domestic circumstances render delivery at home unsuitable.

PROVISION OF STERILISED MATERNITY OUTFITS. These can be obtained through any Child Welfare Centre at cost price (5/1).

BIRTH CONTROL ADVICE. This advice can be obtained by married women at special clinics conducted by specialist officers, where it is shown that it is inadvisable for them to have children by reason of sickness, physical or mental.

PROPAGANDA. The County Council has spared no efforts in disseminating information about its maternity services throughout the County, and 50,000 pamphlets setting out in detail the services available, and the financial assistance to be obtained, have been distributed. There is no doubt the information circulated has been instrumental in bringing to the notice of the majority of expectant and nursing mothers the advantages to be obtained by attendance at the Child Welfare Centre or ante-natal clinic. This suggestion is supported by the increased numbers attending for advice.

INVESTIGATION OF MATERNAL DEATHS. As far as possible every maternal death of women resident in the County Maternity and Child Welfare Area is investigated by a Consultant Obstetrician and a tabulated report on the result of these investigations is published on pages 77-85.

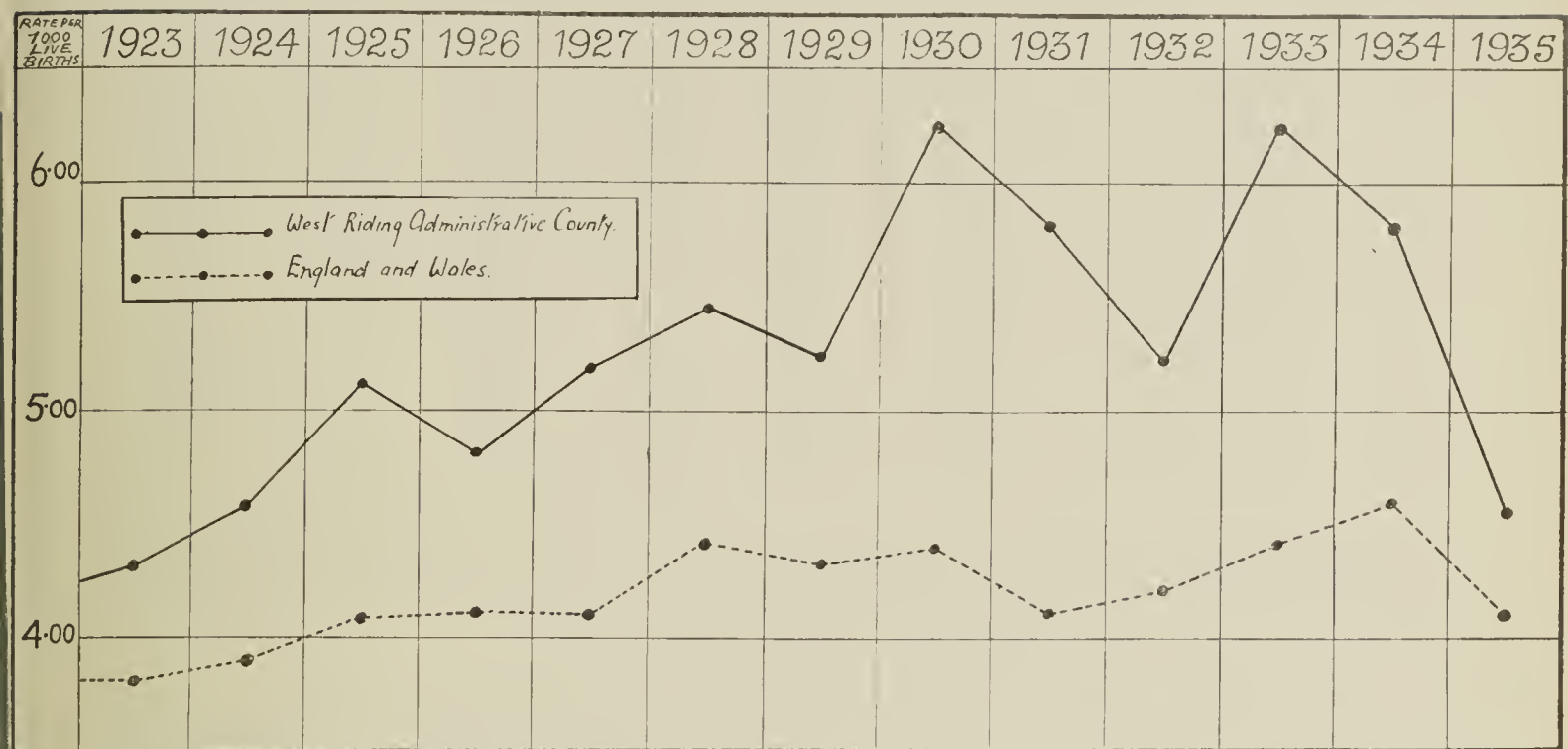
Statistics relating to Maternal Mortality.

MATERNAL AND INFANT MORTALITY.

Year	Deaths of mothers per 1,000 live births						Infant Mortality Rate	
	Puerperal Sepsis		Other Puerperal Causes		Total Puerperal Mortality			
	E. & W.	Admin. County	E. & W.	Admin. County	E. & W.	Admin. County	E. & W.	Admin. County
1925	1.56	1.88	2.52	3.24	4.08	5.12	75	81
1926	1.60	1.66	2.52	3.16	4.12	4.82	70	73
1927	1.57	1.71	2.54	3.47	4.11	5.18	70	79
1928	1.79	2.11	2.63	3.34	4.42	5.45	65	62
1929	1.80	2.27	2.53	2.97	4.33	5.24	74	89
1930	1.92	2.43	2.48	3.82	4.40	6.25	60	65
1931	1.66	2.29	2.45	3.53	4.11	5.82	66	74
1932	1.61	2.05	2.60	3.17	4.21	5.22	65	70
1933	1.79	2.08	2.63	4.16	4.42	6.24	64	70
1934	2.03	2.31	2.57	3.50	4.60	5.81	59	58
Average for 10 years	1.73	2.07	2.55	3.42	4.28	5.49	67	72
1925-34								
1935	1.68	1.86	2.42	2.69	4.10	4.55	57	58

As from the year 1931, there has been a revision in the classification of deaths, and this has affected the figures relating to Maternal Mortality. As a result, the figures for 1931 and following years are not strictly comparable with those for the previous years which are shown in the above table; however, the discrepancy is so slight as barely to affect either the figures or rates, and for all practical purposes comparisons can be made.

*MATERNAL MORTALITY RATE PER 1000 LIVE BIRTHS
IN THE WEST RIDING ADMINISTRATIVE COUNTY AND ENGLAND AND WALES
DURING THE YEARS 1923 TO 1935.*



Although some deaths of mothers are associated with still-births, until recent years it has been the practice, owing to the absence of reliable figures of still-births, to base the maternal mortality rate on the *live* births only, and this has been done in the preceding table and chart. The registration of still-births commenced on the 1st January, 1929, and it is now possible to calculate a maternal mortality rate based on the total of live and still births, which is obviously the more accurate method, and the available figures are given in the table following:—

Year.	Deaths of mothers per 1,000 live and still births.					
	Puerperal Sepsis.		Other Puerperal Causes.		Total Puerperal Mortality.	
	E. & W.	Administrative County.	E. & W.	Administrative County.	E. & W.	Administrative County.
1929	1.73	2.16	2.43	2.83	4.16	4.99
1930	1.84	2.32	2.38	3.64	4.22	5.96
1931	1.59	2.19	2.35	3.37	3.94	5.56
1932	1.55	1.96	2.49	3.01	4.04	4.97
1933	1.71	1.98	2.52	3.96	4.23	5.94
1934	1.95	2.20	2.46	3.33	4.41	5.53
1935	1.61	1.78	2.32	2.56	3.93	4.34

Columns 15-17 of the long table headed "Births, Deaths, Annual Rates, etc., 1935" and folded in at page 18 contain the maternal mortality rates for the year 1935 and the average rates for the five years 1930-34 for each county district. It should be mentioned, however, that the majority of the districts in the Administrative County have too small a number of births for satisfactory comparisons to be made of their maternal mortality rates, for example, in a district with 250 births, one maternal death gives a rate of 4.0 per thousand births which is a comparatively favourable rate. Should there be two maternal deaths the rate will be 8.0 which compares unfavourably with those for England and Wales and the Administrative County.

To obviate to some extent the above-mentioned drawback and to enable satisfactory comparisons to be made between different parts of the Administrative County, the County districts may be grouped according to their geographical situation. The Guardians Committees areas of the Administrative County appear to be suitable groupings of county districts for the purpose, and they have the added advantage that in most cases the social status of the districts in any one group or regional area is with one or two exceptions substantially the same.

Below is a table giving the maternal mortality rates for the Guardians Committees areas, and comments on this table are made in the foreword to this report on page 3.

MATERNAL MORTALITY PER THOUSAND LIVE AND STILL BIRTHS IN REGIONAL AREAS.

Area No.	Name of Area.	Average for five years 1930-1934.			Year 1935.		
		Puerperal Sepsis.	Other.	Total.	Puerperal Sepsis.	Other.	Total.
1	Ewecross	Nil.	4.75	4.75	Nil.	Nil.	Nil.
2	Staincliffe	1.48	4.44	5.92	1.54	3.09	4.63
3	Claro	1.32	2.80	4.12	2.45	4.90	7.35
4	Barkston Ash	1.63	0.47	2.10	1.26	Nil.	1.26
5	Skyrack	1.81	2.42	4.23	2.00	2.00	4.00
6	Worth Valley	1.29	4.97	6.26	2.67	0.89	3.56
7	East Morley	1.14	3.86	5.00	2.28	4.56	6.84
8	Calder	2.65	4.36	7.01	1.31	4.60	5.91
9	Spenn Valley	1.64	3.49	5.13	1.58	3.69	5.27
10	Lower Agbrigg	3.75	4.91	8.66	1.37	1.37	2.74
11	Osgoldcross	2.05	3.10	5.15	1.57	2.52	4.09
12	Goole and Selby	1.42	2.84	4.26	Nil.	2.72	2.72
13	Don Valley	2.38	2.81	5.19	1.96	2.24	4.20
14	Staincross	3.56	3.09	6.65	2.43	2.43	4.86
15	Upper Agbrigg	1.93	5.62	7.55	0.90	1.80	2.70
16	Rother Valley	1.62	3.74	5.36	2.22	2.22	4.44

In connection with the statistics of maternal mortality it should be explained that the figures are adjusted so that any maternal death occurring in a hospital or maternity home is included in the figures for the district where the mother usually resided.

MATERNAL MORTALITY ENQUIRY.

On the question of maternal mortality the Minister of Health in Circular 1433 intimated that he proposed to send medical officers to areas having a maternal mortality rate in excess of that of the country as a whole, to assist in an intensive local study of the problem. In this connection Drs. C. J. Donelan and G. I. Brodie commenced their investigation in the West Riding in October, 1935, and completed their task at the end of March, 1936. This maternal mortality enquiry was conducted not only in the West Riding maternity and child welfare area but in all county boroughs and in the 22 autonomous areas, thus enabling a complete survey to be made of the whole of the West Riding of Yorkshire. During their stay in the County they interviewed officers of the Public Health Department, the County Public Assistance Officer, consultants, physicians, surgeons and representative medical practitioners, district nurses and midwives, and health visitors; visited maternity hospitals and County Institutions, conferred with local secretaries of the British Medical Association and Women's Organisations.

During the six months these medical officers were in the Riding much additional work was thrown on the maternity and child welfare section of the Department, and a vast amount of statistical and other information was provided in connection with this investigation. Visits were organised to maternity hospitals, Poor Law institutions, registered nursing homes, infectious diseases hospitals, ante-natal clinics, birth control clinics, and interviews arranged with local medical practitioners, B.M.A. secretaries, health visitors and midwives.

A 17-page questionnaire was provided by the Ministry on this subject, setting out 42 items for enquiry, and giving information as to ante-natal clinics, clinics providing ancillary services, *e.g.*, dental, U.V.-Ray, birth control, maternity institutions, other maternity accommodation, beds for puerperal sepsis, list of Council's medical staff, statements of schemes for supplying milk, meals, foods, home helps, supply of sterilised outfits, consultants available to private practitioners for ante-natal cases, emergency midwifery, post-natal and puerperal sepsis consultations, fees payable, scheme for dental treatment of expectant and nursing mothers; schemes connected with maternity, *e.g.*, payment of midwives' fees in necessitous cases, compensation for midwives' cases sent into hospital, and the work of each ante-natal clinic and maternity institution; statistical matter relating to post-natal clinics, confinements, midwives and maternity nurses, domiciliary midwifery and arrangements for puerperal sepsis, provision of home helps, supply of sterilised outfits and nutritional aid, particulars regarding the work of health visitors, visits, time spent, etc., and the number of visits in connection with the various services, together with the salary scales operating in connection with the health visiting staff and the various grades of nursing staff of institutions concerned in maternity, ante-natal and puerperal sepsis work.

Statistical information covering a period of ten years was supplied in connection with attendances at ante-natal clinics, notifications of puerperal pyrexia, puerperal fever, and erysipelas; a statement of expenditure under the maternity and child welfare services covering a period of ten years and a detailed list of all maternal deaths occurring in the West Riding maternity and child welfare area during 1934 was also provided, together with statistical information in regard to abortions, cases of eclampsia, albuminuria, placenta prævia, accidental hæmorrhage, post-partum hæmorrhage and Cæsarian sections.

At the conclusion of their visit data were to be prepared for comparison with similar information compiled by other officers of the Ministry relating to other parts of the country. At this stage the Ministry's medical officers will not be in a position to make a report upon their findings except possibly affecting matters of general principle, and considering the huge volume of statistical and other information to be compiled and examined it will no doubt be some considerable time before the report is complete and ready for publication.

Below is a summary and report by **Dr. Rhoda Adamson** in respect of her analysis of the 98 deaths of women which were associated with pregnancy and reported in the County Council Maternity and Child Welfare Area during 1935.

Case No.	Age	Occupation.	Circumstances.	Cause of death.		Where death occurred.		Might death have been prevented if there had been:—			
				Sepsis.	Other causes.	Hospital.	Home.	Better ante-natal supervision.	Better obstetric facilities at delivery.	Specialist treatment in hospital.	Intelligent co-operation of patient.
1	—	Housewife	Poor	Yes	Pulmonary embolism.	Yes	—	—	—	—	—
2	29	do.	Comfortable	Yes	—	Yes	—	Yes	Yes	Yes	—
3	29	do.	do.	—	Fulminating eclampsia.	Yes	—	—	—	—	—
4	31	do.	do.	Yes	—	Yes	—	—	—	—	—
5	42	do.	Poor	—	Placenta prævia and concealed hæmorrhage.	—	Yes	—	—	Yes, if on the spot	—
6	42	do.	do.	—	Toxaemia and concealed accidental hæmorrhage.	Yes	—	—	—	—	—
7	42	do.	do.	—	Pneumonia.	—	Yes	Yes	Yes	Yes	Yes
8	36	—	—	—	Chronic cystitis and pyelitis disseminated sclerosis and terminal abortion.	Yes	—	—	—	—	—
9	28	Housewife	—	Yes	—	Yes	—	—	—	—	—
10	29	do.	—	Yes	—	Yes	—	—	—	—	—
11	27	do.	—	—	Pneumonia, labour with heart failure.	Yes	—	—	—	—	—
12	26	do.	Poor	—	Miliary tubercle, death following induced labour.	Yes	—	—	—	—	—
13	34	do.	do.	—	Post partum hæmorrhage and inversion of uterus from drag on cord.	—	Yes	—	Yes	Yes	—
14	23	do.	Comfortable	Yes	Pulmonary embolism.	Yes	—	—	Yes	—	—
15	25	do.	do.	—	Sub-acute nephritis and toxic albuminuria.	—	Yes	Yes	—	Yes	—
16	27	do.	Poor to destitute	—	Hysterectomy after old abortion. Pulmonary embolism.	Yes	—	—	—	—	—
17	40	do.	—	—	Uterine hæmorrhage. ? not pregnant.	Yes	—	—	—	—	—

Case No.	Age	Occupation.	Circumstances.	Cause of death.		Where death occurred.		Might death have been prevented if there had been :—			
				Sepsis.	Cause of death.	Hospital.	Home.	Better ante-natal supervision.	Better obstetric facilities at delivery.	Specialist treatment in hospital.	Intelligent co-operation of patient.
18		Housewife	Comfortable	Yes after abortion	—	Yes	—	—	—	—	—
19	26	do.	Poor	Yes after abortion	—	Yes	—	—	—	—	—
20	29	do.	Comfortable	—	Post partum hæmorrhage and shock.	—	Yes	Yes	Yes	Yes	—
21	38	do.	Very poor	—	Accidental hæmorrhage.	—	Yes	—	Yes	Yes	Yes
22	29	do.	—	Yes	—	Yes	—	—	Yes	—	—
23	37	do.	Poor	Yes	—	Yes	—	—	Yes	Yes	—
24	39	do.	Comfortable	Yes	Embolism.	—	Yes	Yes	—	—	Yes
25	34	Domestic servant	Poor	—	Pulmonary embolism, nasal sinusitis.	Yes	—	—	—	—	—
26	30	Housewife	do.	—	Chronic nephritis and terminal abortion.	Yes	—	—	—	—	—
27	22	do.	do.	Yes	Pyelitis of pregnancy.	Yes	—	—	—	—	—
28	22	do.	do.	Yes after abortion	Empyema. —	Yes	—	—	—	—	—
29	35	do.	—	—	Broncho pneumonia, labour and heart failure.	Yes	—	—	—	—	—
30	25	do.	Comfortable	—	Endocarditis, undelivered, 30 weeks pregnant.	Yes	—	Yes	—	Yes, if treated early	—
31	37	do.	Poor	—	Eclampsia.	Yes	—	Yes	—	—	—
32	38	do.	do.	—	Sub-acute endocarditis, cerebral embolism and hemiplegia, terminal incomplete abortion.	Yes	—	—	—	—	—
33	38	do.	Comfortable	—	Obstetric shock, quick labour 5 hours.	Yes	—	—	—	—	—
34	30	do.	do.	—	Tubular nephritis, undelivered.	Yes	—	—	—	—	—
35	32	do.	Poor	—	Exhaustion, obstetric shock.	Yes	—	Yes	Yes	—	—
36	29	do.	Destitute	—	Mitral stenosis, terminal abortion.	Yes	—	—	—	—	Yes

Case No.	Age	Occupation.	Circumstances.	Cause of death.		Where death occurred.		Might death have been prevented if there had been:—			
				Sepsis.	Other causes.	Hospital.	Home.	Better ante-natal supervision.	Better obstetric facilities at delivery.	Specialist treatment in hospital.	Intelligent co-operation of patient.
37	36	Domestic in a cafe.	Comfortable	—	Chronic nephritis, eclampsia.	—	Yes	Yes, if pregnancy terminated early	—	Yes	—
38	19	Housewife	Poor	—	Eclampsia.	Yes	—	Yes	—	—	Yes
39	32	do.	—	Yes following abortion	—	Yes	—	Yes	—	—	Yes
40	38	do.	Poor	—	Hæmorrhage, accidental abortion.	—	Yes	—	Yes	Yes	—
41	21	do.	—	Yes pneumococcal	—	Yes	—	—	—	—	—
42	34	do.	Destitute	—	Advanced chronic nephritis.	Yes	—	—	—	—	—
43	29	do.	Poor	—	Diabetes, delivery.	—	Yes	—	—	—	Yes, if pregnancy avoided
44	40	do.	do.	—	Fractured fibula, lobar pneumonia, abortion.	Yes	—	—	—	—	Yes, would not stay in bed
45	39	do.	do.	—	Coronary disease, myocarditis.	Yes	—	—	—	—	Yes, would not stay in bed
46	22	do.	Very poor	—	Chronic bronchitis, albuminuria, double lobar pneumonia, Cæsarian section.	Yes	—	—	—	—	—
47	38	do.	Poor	—	Uræmia following pyelitis, therapeutic abortion.	Yes	—	—	—	—	—
48	39	do.	do.	Yes	Accidental hæmorrhage, vagina packed at home.	Yes	—	Yes	Yes	Yes. At an earlier hour	—
49	41	do.	do.	—	Erysipelas of arm, alcoholic.	—	Yes	—	—	—	—
50	33	do.	Comfortable	—	Pulmonary embolism after thrombosed varicose veins of both legs. Undelivered.	—	Yes	—	—	—	—
51	25	do.	—	Yes. Markedly decayed teeth	No other cause found.	Yes	—	Dental treatment	—	—	—
52	27	do.	—	Yes	Typhoid fever, abortion due to typhoid fever.	Yes	—	—	—	—	—
53	—	do.	Comfortable	—	P.P.H. and shock from difficult labour.	Yes	—	Yes	Yes	Yes. Section or induction	—

Case No.	Age	Occupation.	Circumstances.	Cause of death.		Where death occurred.		Might death have been prevented if there had been :—			
				Sepsis.	Other causes.	Hospital.	Home.	Better ante-natal supervision.	Better obstetric facilities at delivery.	Specialist treatment in hospital.	Intelligent co-operation of patient.
54	34	Housewife	Poor	—	Eclampsia.	Yes	—	Yes. Refused	—	—	—
55	23	do.	—	—	Pneumonia following confinement.	—	Yes	—	—	—	—
56	26	do.	—	—	A.P.H., P.P.H., and shock.	—	Yes	Yes	Yes	—	—
57	41	do.	—	—	Fulminating eclampsia. Undelivered.	Yes	—	—	—	—	—
58	21	do.	—	Yes	—	Yes	—	—	—	—	—
59	37	do.	Poor	—	Accidental hæmorrhage.	Yes	—	—	—	Yes, if speedy	Yes
60	23	do.	do.	—	P.P.H., hypostatic pneumonia.	Yes	—	—	—	—	—
61	25	do.	Comfortable	—	A.P.H., placenta prævia. Shock.	Yes	—	—	—	—	—
62	27	do.	Poor	Yes	Pulmonary embolism.	Yes	—	Yes	—	—	—
63	34	do.	Comfortable	Yes following abortion	—	Yes	—	—	—	—	Yes
64	44	do.	Poor	—	Chronic nephritis, prolonged labour, two failed forceps attempts, delay in transfer.	Yes	—	—	Yes	Yes	—
65	39	do.	—	—	Tuberculosis. Confinement.	Yes	—	—	—	—	—
66	39	—	—	—	Pulmonary embolism after femoral thrombosis, section for myoma blocking pelvis.	Yes	—	—	—	—	—
67	—	Housewife	—	Yes after manual removal of placenta at home	—	Yes	—	—	Yes	—	—
68	29	do.	—	Yes following abortion	—	Yes	—	—	—	—	—
69	31	do.	Comfortable	—	Obstetric shock, normal labour.	Yes	—	—	—	—	—
70	34	do.	do.	—	Accidental hæmorrhage. Shock, sub-acute nephritis and uræmia.	Yes	—	Yes, if pregnancy terminated early	—	—	—
71	31	do.	do.	—	Pulmonary embolism.	Yes	—	—	—	—	—
72	33	do.	do.	—	Cæsarian section, strangulated internal hernia not associated with operation.	Yes	—	—	—	—	—

Case No.	Age	Occupation.	Circumstances.	Cause of death.		Where death occurred.		Might death have been prevented if there had been :—			
				Sepsis.	Other causes.	Hospital.	Home.	Better ante-natal supervision.	Better obstetric facilities at delivery.	Specialist treatment in hospital.	Intelligent co-operation of patient.
73	35	Housewife	—	—	Uræmia, nephritis, undelivered.	Yes		—	—	—	—
74	27	do.	—	Yes	—	Yes	—	—	—	—	—
75	30	do.	Poor	Yes, following abortion	—	Yes	—	—	—	—	Yes
76	44	do.	Poor	—	Hæmorrhage, abortion.	—	Yes	—	—	Yes	Yes
77	38	do.	Comfortable	Yes, following abortion	—	Yes	—	—	—	—	—
78	40	do.	Poor	Yes. Infection from midwife, carrier from a previous case	—	Yes	—	—	Yes	—	—
79	25	—	—	Yes	Abortion, prolapsed and ulcerated cervix.	Yes	—	Yes	—	—	Yes
80	20	Housewife	Poor	Yes	Peritonitis after ruptured pyosalpinx after delivery at home.	Yes	—	—	—	Yes. If in hospital and operated before rupture	—
81	23	do.	Comfortable	—	Lobar pneumonia after section for contracted pelvis.	Yes	—	—	—	—	—
82	26	do.	Poor	—	Lobar pneumonia, premature labour and heart failure.	Yes	—	—	—	—	—
83	32	do.	—	Yes. (Labour in hospital)	—	Yes	—	—	—	—	—
84	32	—	—	Yes	Following old cystitis and Pylonephritis, pulmonary embolism; delivered at home. A.P.H., placenta prævia. Multiparity (14).	Yes	—	Yes	—	—	—
85	42	Housewife	Poor	—	Advanced pulmonary tuberculosis, premature confinement.	Yes	—	—	—	Yes	—
86	41	do.	—	—	Pulmonary embolus.	Yes	—	—	—	—	—
87	29	do.	—	Yes	—	Yes	—	—	—	—	—
88	32	do.	—	Yes, following abortion	—	Yes	—	—	—	—	—
89	30	do.	—	Yes	Twin pregnancy with macerated foetuses.	Yes	—	—	—	—	—
90	22	do.	—	—	Oedema of glottis, nephritis, toxic albuminuria, undelivered.	Yes	—	—	—	—	—

Case No.	Age	Occupation.	Circumstances.	Cause of Death.		Where death occurred.		Might death have been prevented if there had been :—				
				Sepsis.	Other causes.	hospital.	Home.	Better ante-natal supervision.	Better obstetric facilities at delivery.	Specialist treatment in Hospital.	Intelligent co-operation of patient.	
91	35	Housewife	Poor	—	Hyperemesis gravidarum. Undelivered 24 weeks.	Yes		—	—	—	—	
92	29	—	—	—	Rupture of uterus.	Yes	—	—	—	—	—	
93	35	do.	—	—	Eclampsia, toxæmia.	Yes	—	—	—	—	—	
94	23	do.	—	—	Haemorrhage, abortion.	Yes	—	—	—	—	—	
95	28	do.	—	—	Pyæmia following infective endocarditis.	Yes	—	—	—	—	—	
96	38	do.	—	Yes	—	Yes	—	—	—	—	—	
97	27	—	—	—	Broncho pneumonia, pregnancy.	Yes	—	—	—	—	—	
98	19	Housewife	—	—	Toxæmia, post partum. Eclampsia.	Yes	—	—	—	—	—	

REPORT BY DR. RHODA ADAMSON—continued.

"In the West Riding there were 98 deaths of women associated with pregnancy and of these 82 were investigated by consultant obstetricians."

"During the compilation and verification of statistics at the end of the year, 16 cases came to notice mainly of women who died in Hospitals in County Boroughs but were not investigated as too long an interval had elapsed and no useful purpose could be served."

"Of the 82 cases investigated, 18 women died after an abortion, and 4 were not in labour and died undelivered. These 22 cases whose pregnancy did not result in the birth of a viable child the history was shortly as follows:—

"Case 8 was an advanced case of disseminated sclerosis with secondary urinary infection who aborted spontaneously before she died."

"Case 16 had aborted previously with residual sepsis for which a later hysterectomy was performed. Convalescence was complicated by a pulmonary embolus."

"Case 17 died from bleeding but on exploration the uterus was empty. ? not pregnant."

"Case 18. No reason for abortion.

"Case 19. No reason for abortion.

"Case 28. No reason for abortion.

} These three cases died of sepsis and were probably infected during criminal interference."

"Case 30. Died of organic heart disease, compensation having broken down on account of the pregnancy, undelivered."

"Case 32. Was a case of grave heart disease with cerebral complications which were fatal. Abortion was a terminal incident."

"Case 34. Died undelivered of tubular nephritis."

"Case 36. Was a destitute woman with mitral stenosis from which she died with a terminal abortion."

"Case 39. No reason for abortion, died of sepsis from probable interference."

"Case 40. Aborted accidentally and died from hæmorrhage."

"Case 44. Fractured her fibula and could not be induced to stay quietly in bed until it united. Abortion appeared to result from her mental disturbance."

"Case 47. Suffered from severe pyelitis with uræmia. Therapeutic abortion was performed without improvement."

"Case 50. Developed extensive thrombosis in varicose veins of both legs during pregnancy and died of pulmonary embolism before term."

"Case 52. Died of typhoid fever and aborted during the course of her illness."

"Case 57. Died undelivered of fulminating eclampsia."

"Case 63. No reason for abortion.

"Case 75. No reason for abortion.

"Case 77. No reason for abortion.

} These three cases died of sepsis and were probably infected during criminal interference."

"Case 79. Suffered from a neglected prolapse. The cervix became ulcerated and the ascending infection led to a spontaneous abortion and death from sepsis."

"Case 91. Died at the 24th week of pregnancy from hyperemesis."

"It is obvious that seven of these women were not in a fit condition to carry through a pregnancy to a successful conclusion. Some form of contraceptive treatment might have been adopted in their case with advantage."

"Seven women died from puerperal sepsis following abortion which probably resulted from deliberate interference. It is of interest to note that all these women were treated in one institution where they were received in a hopeless condition. As abortion is not notifiable it is impossible to know how frequent abortion without a fatal termination may be. One is led to wonder whether it is an occasional catastrophe in a widespread practice or whether some dirty unskilled abortionist is infecting each case dealt with. Of the 60 cases following delivery at term, 18 women died of puerperal sepsis and 12 died of hæmorrhage either ante-partum or post-partum. There was a further case of accidental ante-partum bleeding which was treated by packing the vagina at home before transfer to hospital where death resulted from sepsis."

"The source of infection was not traced in each case of sepsis."

REPORT BY DR. RHODA ADAMSON—continued.

"Case 41 resulted from a pneumococcal infection."

"Case 51 has a particularly infected condition of her teeth."

"Case 67 followed manual removal of the placenta."

"Case 76. This patient was infected by the midwife in attendance who acted as a carrier from another septic case that recovered. This appears to be the only case where infection can be definitely traced to the obstetric attendant unless Case 67 is attributed to the same source."

"There were 8 cases of patients suffering from toxæmia of pregnancy and of these, 7 had eclamptic fits. One eclamptic patient had had no proper ante-natal supervision but the remaining seven were kept under observation and in spite of approved ante-natal care two died of fulminating eclampsia without previous warning signs. One patient was well right through her pregnancy and labour and died of post-partum eclampsia. It would appear therefore that the most careful ante-natal care is not the only factor in the prophylaxis of eclampsia."

"There were 7 deaths of women who suffered from chronic nephritis which was aggravated by the pregnancy, and 4 women died of organic heart disease whose compensation failed with advancing pregnancy. These 11 women were not fit for the strain of maternity and could have been helped if contraception had been practised in their case."

"There were five deaths from lobar pneumonia where labour supervened upon the course of the illness and proved too much for the patients' reserve strength."

"Two patients died as the result of difficult labour. In one there was a definite failure of ante-natal supervision and two unsuccessful attempts at forceps delivery at home with subsequent delay in transfer to hospital, in the other ante-natal examination by a specialist during the last month of pregnancy would definitely have resulted in a decision to induce premature labour or to deliver by Cæsarian section at term. In these two cases a want of obstetric skill in treatment could be blamed."

"There were two cases of death from obstetric shock following normal labour. Case 33 was well throughout her pregnancy and was regularly supervised. She was delivered spontaneously after 5 hours labour in a well equipped nursing home and died in spite of all recognised methods of treatment. Case 69 was delivered in hospital after satisfactory ante-natal care. Labour was spontaneous and entirely uneventful throughout. This patient died four hours after delivery from true obstetric shock."

"One patient suffered from severe diabetes and collapsed immediately after delivery. She and her husband had been warned as to the risk of pregnancy in her case by the family doctor, but they chose to ignore his advice."

"In conclusion, of the total 82 cases of maternal mortality investigated, 19 fatalities occurred in women who were unfitted for child bearing because of grave pre-existing disease."

"There were 9 deaths which directly resulted from the pregnancy, namely one case of emesis gravidarum, one of severe toxæmia, without fits and seven cases of eclampsia."

"Acute infections complicating pregnancy and labour were responsible for 5 deaths from pneumonia, 1 death from typhoid fever, 1 death from miliary tuberculosis and 3 deaths from pyelitis gravidarum."

"The cases admitted to hospital for ante-partum bleeding reached there in such a hopeless condition that the recognised methods of treatment were applied too late or not at all because the patients were moribund. The ideal maternity service should aim at transfer of all cases of ante-partum bleeding to a well equipped and specialist staffed institution at the earliest possible moment after the first appearance of even the slightest bleeding. It cannot be too greatly emphasised that there is no such thing as trivial bleeding during pregnancy or labour and that the bleeding maternity case is never out of danger until she is safely delivered. The resources of the average family doctor and patient's private home cannot supply the facilities for coping with a really severe uterine hæmorrhage and in any case of even slight bleeding there is no guarantee that there will not suddenly occur a flooding with a fatal result."

"There were two cases of death following prolonged labours where more obstetric skill would have resulted in other methods of treatment of disproportion between the foetal head and pelvis. Apart from these two cases treatment was carried out along approved lines of practice in all the cases reviewed."

"Deaths from abortion are not included by the Registrar General among the cases of maternal mortality. Such deaths are usually classified under the head of "Other Violence." In this particular series out of 18 abortion cases who died, 7 died of some serious disease, the abortion being only an intercurrent incident, and 7 died of sepsis following the avoidance of maternity by what one may suspect was criminal interference. The risk of induced abortion is not generally appreciated by the general public. In fact it is looked upon as a simple means of the avoidance of parenthood. Apart from the immediate mortality of abortion induced by the unskilled practitioner, probably a considerable degree of ill health in women can be traced back to the same source."

"Judicious advice as to contraceptive methods in cases where further pregnancies are not desirable, either because of the size of the existing family or the mother's ill health, might confidently be expected to lower the maternal mortality rate in so far as it relates to death in abortion."

(Signed) **R. H. B. Adamson.**

In commenting on the analyses of the 98 deaths of women which were associated with child bearing, it should be stated that only 68 of these were classified by the Registrar General as being solely due to maternal causes; in the remaining 30 cases, the primary cause of death was not maternal.

Of these 98 deaths, 83 or 84·7% occurred in hospital and 15 or 15·3% at home.

National statistics shew that approximately 50% of the deaths of women in child-birth are preventable and this is borne out by the investigations carried out in the Riding during 1935. It is reasonable to assume that at least 40 of the 82 deaths investigated might have been prevented by:—

- (a) Better ante-natal supervision.
- (b) Better obstetrical facilities at delivery.
- (c) Specialist treatment in hospital.
- (d) Intelligent co-operation of patient.

Maternity Homes.

The County Council has arrangements with 30 municipal authorities or hospital committees for the provision of lying-in accommodation for expectant mothers from the County Maternity and Child Welfare Area.

The total number of patients admitted was 3,202, an increase of 310 over the previous year.

The main increases occurred at the County Maternity Home, Mexborough (26); Edenfield Maternity Home, Doncaster (85); Royal Halifax Infirmary (34); Harrogate and District General Hospital (34); Holme Valley Memorial Hospital, Holmfirth (24); Huddersfield Municipal (21); Leeds Maternity Hospital (130); Jessop Hospital for Women, Sheffield (27); and York Municipal (17).

Statistics with regard to these admissions are given on page 87.

In addition to the above-mentioned accommodation there are 60 beds available in the County Public Assistance Institutions, and information with regard to these is given on pages 87 and 88.

Schemes for the provision of maternity home accommodation received consideration during the year; they dealt mainly with the Harrogate and South Yorkshire areas.

HARROGATE AND DISTRICT GENERAL HOSPITAL.

Much time has been spent during the year by the Committee and officials in preparing a scheme for the erection of a maternity unit of 12 beds fully equipped at the above hospital. The total estimated cost was £7,400, towards which a sum of £5,000 has been raised by voluntary effort in Harrogate and district, and it was agreed by the County Council and the Harrogate Corporation to make up the balance by contribution of £1,900 and £500 respectively.

Since the above proposals were approved by the County Council and Corporation, the Hospital Board has decided upon a big reorganisation scheme involving extensions to wards, boiler house plant and nurses' home, and on account of the dearth of accommodation for nurses which will result when the extensions are completed, a dearth caused to some extent by the proposed new maternity wards, the scheme has had to be re-modelled and it will be necessary to submit amended plans and estimates. This has caused delay, but it is hoped that an agreement between the three parties concerned, *viz.*: the Hospital Board, Harrogate Corporation and the County Council, will soon be reached. At the time of writing this report new plans of the extensions necessary have been prepared and estimates are being obtained, and it is hoped to have the final scheme approved in October, 1936.

SOUTH YORKSHIRE.

In my last year's report details were given concerning the provision of two homes, of 20 beds each, one at Wickersley (Rotherham R.) and one at Chapeltown (Wortley R.), to serve a combined population of approximately 165,000, and during 1935 much progress has been made.

The home to be erected at Wickersley will be called the Listerdale Maternity Home, in recognition of the gift by Mr. J. C. Lister of Listerdale of a piece of land on which the home is being erected, and will be ready in all probability for the reception of maternity patients in April, 1937.

The scheme for the provision of a home at Wortley also progressed during the year and a site has been purchased from the Wortley Rural District Council containing 8,017 square yards or thereabouts, situate at the Greenhead Farm Estate, Chapeltown, at an estimated cost to the County Council of £485.

The County Architect has prepared plans and estimates for the erection of a maternity home of 20 beds on this site and the cost of this building will approximate to that of the home at Wickersley.

EDENFIELD MATERNITY HOME, DONCASTER.

Gas-oxygen apparatus for giving anæsthetics in connection with the treatment of maternity cases treated by the specialist at this home was provided by the County Council at a cost of £65.

BRADFORD ROYAL INFIRMARY.

During the year arrangements were made for the admission and treatment of abnormal maternity cases in the Bradford Royal Infirmary at a maintenance charge of £3 3s. 0d. per patient per week.

COUNTY MATERNITY HOME, MEXBOROUGH.

The work undertaken during the year at the County Maternity Home, Montagu Hospital, Mexborough, is given below:—

Twenty maternity beds are provided by the County Council, and during 1935, 391 patients were admitted, and 321 cases delivered, the average duration of stay being 14 days.

The midwives employed in the wards delivered 303 and the doctors 18 cases. Medical Assistance was sought in 71 cases, a decrease of five from the previous year. Four cases of puerperal pyrexia were notified during 1935. There were no cases of pemphigus neonatorum or ophthalmia neonatorum.

The number of infants not entirely breast fed while in the institution was 29.

Three maternal deaths occurred during the year, the same number as for last year.

The cause of death of the three mothers referred to above were:—

1. Cardiac failure—eclampsia.
2. Broncho pneumonia, toxæmia with retained placenta.
3. Septicæmia following miscarriage.

Number of infant deaths:—

- (i) Stillborn 23 (an increase of 7 over the previous year).
- (ii) Within 10 days of birth, 4 (a decrease of 5 over the previous year).

The deaths of the infants were ascribed to:—Prematurity (3); and toxæmia arising from gastro-enteritis (1).

As shown by the continued increase in the number of admissions this home is exceedingly popular, and Colonel Connell, F.R.C.S., the honorary medical staff, house surgeons, matron, sister, and nurses are again to be congratulated on the excellent work and service which is being maintained at this hospital.

The arrangements whereby other Local Authorities exercising their own powers under the Maternity and Child Welfare Act, are allowed to send patients to the maternity wards at the County Maternity Home, are working satisfactorily and the distribution of the 391 cases admitted during 1935 was as under:—

West Riding (M. & C.W. area) ...	...	...	...	...	281
Bolton-on-Deerne Urban District ...	...	...	...	...	37
Mexborough Urban District ...	...	...	...	...	53
Wombwell Urban District ...	...	...	...	...	20
					<hr/>
					391

During the year 7 sterilisers for varying purposes were provided at the County Maternity Home.

PATIENTS ADMITTED TO MATERNITY HOMES.

The following table gives particulars regarding the admission of patients to Maternity Homes during 1935:—

Name of Municipal Authority or Hospital Committee.	No. of Maternity Beds in Institu- tion	No. of patients admitted from C.C.'s area during 1935	Deaths of Mothers	Deaths of Infants	Still- Births	Fees of Home per week
1	2	3	4	5	6	7
1. Barnsley Corporation	7	46	—	—	3	£ s. d. 3 3 0
2. Batley Corporation	10	8	—	—	2	3 0 0
3. Blackburn Corporation	20	—	—	—	—	4 14 6
4. Bradford Royal Infirmary	—	7	1	—	1	3 3 0
5. Burnley Corporation	21	—	—	—	—	4 4 0
6. Castleford U.D.C.	13	154	—	3	4	4 4 0
7. Colne Corporation	16	58	—	1	1	3 3 0
8. County Maternity Home, Montagu Hospital, Mexborough	20	391*	1	4	23	3 7 6
9. Doncaster, Edenfield (Private)	33	570	10	19	43	3 7 6
10. Goole U.D.C.	4	14	—	1	—	3 3 0
11. Royal Halifax Infirmary	20	188	2	7	16	2 9 0
12. Halifax General Hospital	35	75	1	2	8	2 12 6
13. Harrogate and District General Hospital	6	57	2	3	4	3 3 0
14. Heckmondwike Nursing Association	7	7	—	—	—	2 7 0
15. Holmfirth, Holme Valley Memorial Hospital	5	73	—	6	2	3 3 0
16. Huddersfield Corporation	32	238	—	7	6	4 0 0
17. Huddersfield Royal Infirmary	15	40	2	11	14	3 3 0
18. Ilkley	11	19	—	—	1	5 5 0
19. Keighley, St. John's Hospital	16	36	—	3	2	2 12 6
20. Leeds Maternity Hospital	140	558	9	14	43	3 15 10
21. Morley Corporation	11	34	—	2	2	3 5 0
22. Oldham Corporation	15	15	—	—	1	3 3 0
23. Ripon Nursing Institution	5	25	—	1	3	4 4 0
24. Rotherham Corporation	10	11	—	—	1	3 17 6
25. Sheffield, Jessop Hospital for Women	28	284†	4	10	38	3 3 0
26. Shipley and Bingley Joint Municipal	19	17	—	—	1	3 10 0
27. Skipton and District Hospital	6	119	—	5	8	3 7 6
28. South Elmsall, etc.	6	15	—	2	4	3 3 0
29. Wakefield Corporation	35	67	—	2	6	3 3 0
30. York Corporation	30	76	—	3	5	3 7 6
	596	3202	32	106	242	

* This figure includes 53 cases from Mexborough, 37 Bolton-on-Deane and 20 from Wombwell Urban Districts, where the local Councils are the Authority for administering the Maternity and Child Welfare Act.

† West Riding patients admitted under the 1d. in the £ scheme.

Note—(a) Harrogate and the Huddersfield Royal Infirmarys at present only admit complicated cases.

(b) Castleford U.D.C. and Huddersfield Corporation only accept normal cases.

With the exception of Bradford Royal Infirmary, Harrogate Hospital, Halifax (General), Royal Halifax Infirmary, Huddersfield Royal Infirmary, Leeds, Sheffield, and York, where the fees are inclusive, a surgeon's fee is chargeable for special cases.

It will be seen from the foregoing table that the total number of admissions of West Riding patients to maternity homes in the West Riding and neighbouring County of Lancashire numbered 3,202 against 2,892 in 1934, an increase of 310 patients.

These homes are steadily increasing in popularity and although the majority of admissions are of an abnormal character, it is very satisfactory to report that at 21 of these homes there were no maternal deaths of West Riding women. At the remaining nine there were 32 deaths of women in childbirth, an increase of one over the previous year, but here again it must be remembered that the number of admissions exceeded last year's total by 310.

The majority of the deaths occurred at Edenfield (Doncaster) where 90% of the cases dealt with are sent in emergency (10); Leeds Maternity Hospital (9); and the Jessop Hospital for Women at Sheffield (4).

LOCAL GOVERNMENT ACT, 1929—PART I.

Under part 1 of the Local Government Act, 1929, 22 Institutions and one separate hospital (Keighley) were transferred to the County Council as from the 1st April, 1930. In 16 of these Institutions, 60 beds are available for maternity cases and during 1935, 488 patients were admitted. The following Table gives particulars of these Institutions, shewing beds available, cases admitted, and number of maternal and foetal deaths.

Name of County Institution.	No. of maternity beds.	No. of cases admitted during 1935.	No. of cases delivered by		No. of cases in which medical assistance was sought by a midwife in emergency	No. of cases notified as				No. of Maternal deaths.	No. of Foetal deaths.	
			Midwives.	Doctors.		Puerperal Fever.	Puerperal Pyrexia.	Pemphigus Neonatorum.	Ophthalmia Neonatorum.		Still-born.	within ten days of birth.
1. Batley	10	45	42	3	13	—	1	—	1	—	1	3
2. Clayton	6	13	13	—	1	—	—	—	—	—	—	1
3. Goole	4	9	8	1	—	—	—	—	—	—	—	1
4. Grenoside	1	2	1	1	1	—	—	—	—	—	—	—
5. Hemsworth	2	6	6	—	—	—	—	—	—	—	—	—
6. Keighley	16	295	258	37	22	2	1	—	—	4	10	11
7. Knaresborough	4	14	14	—	1	—	—	—	—	—	1	—
8. Otley	2	4	4	—	—	—	—	—	—	—	—	—
9. Penistone	—	1	1	—	—	—	—	—	—	—	—	—
10. Pontefract	5	16	13	3	7	—	—	—	1	—	—	—
11. Ripon	1	1	—	1	—	—	—	—	—	—	—	—
12. Selby	2	22	9	13	13	—	—	—	—	2	2	2
13. Settle	2	2	2	—	1	—	—	—	—	—	—	—
14. Skipton	1	6	5	1	1	—	—	—	1	1	—	2
15. Tadcaster	1	—	—	—	—	—	—	—	—	—	—	—
16. Todmorden	1	5	5	—	—	—	—	—	—	—	1	—
17. Wakefield	2	47	45	2	2	6	1	—	—	2	9	1
	60	488	426	62	62	8	3	—	3	9	24	21

MATERNAL DEATHS. Nine maternal deaths occurred in four Institutions, an increase of seven over the previous year.

INFANT DEATHS. These numbered 21, an increase of five over 1934.

MIDWIVES. In the 17 County Institutions referred to above, 29 midwives notified their intention to practise.

COLLECTION OF MATERNITY HOME FEES.

The County Council have fixed the maximum fee to be paid by patients received into Maternity Homes by arrangement with the County Council, at £3 3s. 0d. per week, and in cases where the fee charged exceeds £3 3s. 0d. per week the County Council pay the balance of such fee.

The County Council also pay the doctor's and specialist's fees.

In July 1934, the County Council amended the scale of payment, as under, and in necessitous cases, the whole or part of the fees are paid by them.

SCALE OF PAYMENT.

Where the total family income, after deducting 5/- for each child under 14 years of age, and not working.	Amount payable by Patient.
Does not exceed 30/- per week	Nil
Between 30/- and 40/- per week	Amount of Maternity Benefit received
Between 40/- and 50/- per week	Half Fees.
Exceeds 50/- per week	Whole Fees.

In ascertaining the weekly income of the family, the average earnings for the four weeks preceding the birth are taken.

As from the 1st January, 1934, the collection of fees was taken over by the West Riding Treasurer's Department and the work is undertaken by 19 area collectors.

The Public Health Department ascertains the fee to be paid in each case, and is responsible for the rendering of accounts.

The number of claims dealt with are as follows:—

	1931	1932	1933	1934	1935
Whole fees	179	308	179	280	315
Half fees	125	263	334	250	320
Maternity benefit	226	464	979	681	426
	530	1,035	1,492	1,211	1,061

The following statement is for the period 1st April, 1935 to 31st March, 1936:—

	£	s.	d.	£	s.	d.
Amount outstanding 1st April, 1935	1,741	13	7			
Less amounts written off	530	7	8	1,211	5	11
Accounts rendered during the financial year ...				4,540	18	8
Less fees collected by West Riding Treasurer during the financial year				5,752	4	7
				4,031	16	8
Amount outstanding/on 1st April, 1936 ...				1,720	7	11

Included in the total claims of £4,540 18s. 8d. is a sum of £790 11s. 7d. in respect of 110 patients admitted to the County Maternity Home at Mexborough from the Urban Districts of Bolton-on-Dearne, Mexborough and Wombwell, which Councils are autonomous for Maternity and Child Welfare and have an agreement with the County Council for the treatment of maternity patients from their respective areas.

Convalescent Treatment for Mothers and Infants.

A stay in a Convalescent Home is specially important for recovery after certain cases of confinement, and for some conditions in young children.

The County Council have arrangements with the following Institutions for the admission of mothers and children:—

Name of Convalescent Home.	Class of Patient admitted.	No. of W.R. patients admitted during 1935.	Fees of Home per week.			
			£	s.	d.	
Scarborough, Royal Northern Sea Bathing Infirmary	Mothers	20	Recommend ...	1	1	0
			Board, etc. ...	0	12	6
Bridlington, St. Anne's	Mothers	—	Recommend ...	1	5	0
			Board, etc. ...	0	15	0
Ilkley	Mothers	—	Board, Residence, etc.	1	0	0
Wentbridge, Convalescent Home for Children	Children	—	do. ...	0	10	0
Yorkshire Home, Withernsea	Mothers and Babies	31	do. ...	1	15	0
Do. Harrogate	do.	15	do. ...	1	15	0
Blackpool, Boscombe Convalescent Home	Mothers and Babies	15	do. ...	1	15	0
	Mothers only	—	do. ...	1	10	0
		81				

Dental Treatment of Expectant and Nursing Mothers.

Dental treatment is provided by the County Council for expectant and nursing mothers attending Child Welfare Centres and Ante-natal Clinics, who are not eligible for dental treatment from any other service, provided that such treatment is certified by the Medical Officer of the Child Welfare Centre or Ante-natal Clinic to be necessary.

Arrangements are made for treatment, including provision of dentures, with dentists approved by the County Medical Officer. The patient is allowed the choice of dentist in the district where she resides, and the treatment is carried out and paid for by the County Council in accordance with the scale approved by the Dental Benefit regulations made by the Minister of Health and the National Health Insurance Joint Committee for the use of Approved Societies under the National Health Insurance Acts.

The cost of treatment is recovered from the patients, but in necessitous cases the cost is paid by the County Council, according to the following scale.

SCALE OF PAYMENT.

Where the total family income, after deducting 5/- for each child under 14 years of age and not working	Amount payable by patient	Amount payable by County Council
Does not exceed 30/- per week	Nil	Whole Fees
Is between 30/- and 50/- per week	Half Fees	Half Fees
Exceeds 50/- per week	Whole Fees	Nil

Where exceptional cases exist which render the payment of a whole or the portion of the fee a hardship, the case is specially reported to the Committee.

This scheme came into operation early in 1935, and the following table gives the total of the monthly schedules submitted to the Child Welfare Sub-Committee for approval.

Date 1935.	No. of cases where complete dentures are required.	Cost of treatment.			Amount recoverable from patients.		
		£	s.	d.	£	s.	d.
April	4	28	0	6	10	3	6
July	9	62	0	6	3	6	3
September	12	84	9	6	3	16	6
October	11	73	6	6	3	16	9
November	28	185	14	0	23	14	3
December	45	303	10	6	6	1	3
	109	737	1	6	50	18	6

In addition to the above, which deals only with cases reported requiring complete dentures, approval has been given in 40 other cases requiring conservative or other treatment but not complete dentures, involving of sum of approximately £140.

Thus during the nine months the scheme has been working, 149 women have been recommended by ante-natal Officers to receive urgent dental treatment, and the average cost works out at approximately £6 per case.

The following statement sets out the total accounts received and claims made to date.

Date, 1935.	No. of cases.	Amount paid.			Amount claimed from patients.		
		£	s.	d.	£	s.	d.
July	6	29	14	0	7	17	6
August	1	7	13	6	—	—	—
September	1		10	0	—	—	—
October	4	24	6	0	—	—	—
November	26	107	15	0	4	7	6
December	11	61	1	3	—	—	—
	49	230	19	9	12	5	0

With the opening of additional ante-natal clinics and the propaganda now in circulation on the question of maternal mortality, the number of expectant and nursing mothers applying and being recommended for dental treatment is increasing considerably, and in the estimates for the financial year 1936-37, a sum of £3,000 has been provided to meet the cost of this new service.

Supply of Milk to Expectant and Nursing Mothers and Children under Five Years of Age.

The County Council's scheme for the distribution of milk is as follows:—Dried milk only is supplied because of its convenience in handling, its concentration and the greater ease of recovering payments. It is supplied free or at less than cost price for:—

- Children up to three years of age and exceptionally to children between three and five years.
- Nursing mothers, and
- Expectant mothers during the last three months of pregnancy.

Ordinarily a 1-lb. carton per week (equivalent to five and a half pints of fresh milk) is supplied, but where considered necessary, three cartons may be supplied per fortnight. It is supplied free or at a reduced price in necessitous cases:—

- In districts having a Child Welfare Centre where the Medical Officer of the Centre is of opinion that a supply is essential "on grounds of health."
- In districts where there is no Centre when the local Medical Officer of Health is of opinion that a supply is essential "on grounds of health."

A special Sub-Committee deals with all applications for a supply of dried milk free or at less than cost price, to review circumstances of all people making application, and all authorisations for such supplies.

The Committee determine the degree of "necessity" in each case and have adopted a fixed scale of income below which dried milk may be distributed free or at less than cost price.

The following scale of family income has been adopted by the Committee as a guide to the supply of dried milk free, or at less than cost price, viz:—

Where the net weekly income of the family, after deducting 5/- for each child under 14 years of age, does not exceed 30/-, the County Council provide dried milk free.

Where the net weekly income of the family, calculated as above, is over 30/-, but does not exceed 40/-, the County Council provide dried milk at half the cost price.

Where the net weekly income of the family, calculated as above, exceeds 40/-, the applicant must pay the cost price for dried milk.

In ascertaining the weekly income of the family, the average earnings for the four weeks prior to the application is taken.

All applicants in necessitous cases are required to fill in a form showing the income of the family from all sources, number of children under 14 years of age, name and address of employer and the signature of the father is required to the statement.

The certificate of the Medical Officer that milk is needed on "grounds of health" is valid for four weeks and may be renewed where the applicant's family circumstances have not improved. Each applicant signs a receipt in the space provided on the form. Stock books, vouchers, etc., are kept and stock is taken quarterly.

The following statement prepared by the West Riding Treasurer gives particulars regarding the sales and issues of dried milk at less than cost price at the various distribution centres in the County during the financial year ended 31st March, 1936, together with a comparison of the issues during the previous year.

CARTONS OF MILK.										1935-36	1934-35
Stock on hand at beginning of year	...	...	...	...	...	...	...	...	...	22,424	19,101
Received during year	...	...	...	...	...	...	...	...	...	291,719	251,565
										314,143	270,666
ISSUES during year	...	...	...	...	...	...	...	...	...	290,507	248,242
Stock on hand at end of year	...	...	...	...	...	...	...	...	...	23,636	22,424
COST OF THE SERVICE.										£	£
ISSUES during year	...	...	...	...	...	...	...	...	...	14,147	14,481
Services of—											
County Supplies Department	...	...	...	...	...	...	...	...	...	706	672
Divisional Clerks, Nurses, etc.	...	...	...	...	...	...	...	...	...	300	300
Carriage, postage, etc.	...	...	...	...	...	...	...	...	...	11	21
										15,164	15,474
Cash received in respect of issues :—											
	s. d.			1935-36				1934-35			
Cartons at 1/5	...	...	...	66,584				110,784		4,716	7,847
do. 1/2	...	...	...	47,880				—		2,793	—
do. 8½	...	...	...	1,828				2,372		65	84
do. 7	...	...	...	2,582				—		75	—
do. free	...	...	...	171,633				135,086		—	—
				290,507				248,242		7,649	7,931
Net cost of the service	...	...	...	...	...	...	...	...	...	£7,515	£7,543

On the 6th March, 1935, the Child Welfare Sub-Committee authorised the supply of three standard dried milk powders in accordance with prescriptions prepared by the County Medical Officer. These are supplied to Child Welfare Centres for sale and distribution in 1-lb. cartons bearing the name of the County Council in place of a proprietary name, and are sold at 1/2 per 1-lb. carton. These milks are known as Sunrose No. 1, No. 2, and No. 3, and their composition is as follows:—

SPECIFICATION FOR SUNROSE DRIED MILK.

SUNROSE No. 1 is a full cream dried milk powder which contains not less than 26% fat; 24% proteins; 34% lactose; 5% ash; the water content shall not exceed 5%.

SUNROSE No. 2 is a full cream dried milk powder with added iron and calciferol. The specification is as above but with the addition of vitamin 'D' in the form of calciferol to the extent of 165 units per pint of reconstituted milk, and sufficient iron as ferrous ammonium citrate to give 5 parts of iron per million.

SUNROSE No. 3 is a "humanised milk." The analysis of this product shows that it contains moisture 3.16%; fat 18.90%; proteins 17.68%; lactose 55.86%; ash 4.40%.

It will be seen from these analyses that Sunrose No. 2 is a vitamin-containing food suitable for all pregnant and lactating women, and for all infants excepting those for whom half cream milk (No. 3) is temporarily desirable.

The brands of milk previously authorised (*i.e.*, proprietary brands) are also available for supply at Centres at a cost of 1/5 per pound carton, but these proprietary brands are only supplied free on the recommendation of the medical officer of the Centre.

The first supplies of "Sunrose" milk were available on the 27th May, 1935.

The scheme for the supply and distribution of dried milk at Child Welfare Centres first commenced in July, 1918.

VIROL. Virol is also available at Child Welfare Centres for sale at 1/4 per lb. carton and is also given free in necessitous cases. The scale of necessity is the same as for dried milk.

OTHER FOODS. Other foods such as Bengers, Glucose D., Ostelin, Grimsby Emulsion, Malt and Oil, Lacidac, are provided by the Voluntary Committees at the Centres, but these foods are not officially authorised for sale by the Committee. In necessitous cases and on the certificate of the medical officer of the Centre that any child requires a particular food, these are supplied and paid for by the County Council.

FRESH MILK. In necessitous cases where dried milk has been tried and found to be unsuitable for any particular child, arrangements are made for fresh milk to be supplied on the certificate of the medical officer of the centre.

Provision of Meals for Expectant Mothers.

In the Annual Report for 1934 it was reported that the question of malnutrition among married women in areas where prolonged unemployment existed had been engaging the attention of the Child Welfare Sub-Committee, and they were anxious to take every step which could be of avail in reducing the number of deaths of mothers and the amount of ill health taking place as a result of childbirth in the County Maternity and Child Welfare Area. One of the findings of the special committee set up by the Minister of Health to investigate the subject of maternal mortality, was that malnutrition of mothers was a possible contributory factor to the high maternal death rate, and in the West Riding it was estimated that approximately 5% of the pregnant women attending clinics were suffering from malnutrition. In certain cases it was known, especially where the husband was unemployed, that the mother was unable to provide the necessary food. It was for this class of patient that a scheme to provide extra nourishment, in addition to the supplying of milk, was formulated.

Usually the average period of pregnancy when an expectant mother first visits the clinic is $4\frac{1}{2}$ months, and she continues to attend up to about $8\frac{1}{2}$ months. Thus for four months the expectant mother is under supervision by the ante-natal officer.

On the 17th July, 1935, the County Council approved a scheme for providing mid-day meals as under:—

When an expectant mother is found to be underfed on first examination by the ante-natal officer, a form is completed by the ante-natal officer certifying that she is, in the opinion of the medical officer, in need of extra nourishment in addition to milk.

Sufficient space has been provided on this form for the diet prescribed by the ante-natal officer and the number of meals recommended per week to be entered thereon.

The meals cover a period not exceeding four weeks and if it is desired to continue with these the ante-natal officer, after further examination of the patient, completes another certificate.

The health visitor in charge of the clinic fills in the name and address of the person recommended as suitable to provide the prescribed meals, and also ascertains the cost of each meal. On completion of these details the form is then forwarded to this Department for approval before any expenditure is incurred.

The cost of the meals varies in accordance with the diet recommended by the ante-natal officer, and the average cost is $1/4$ per meal.

A sum of £300 is included in the estimates of this Department to cover the cost of supplying meals to expectant mothers. The scheme commenced in August, 1935, and up to the end of the year 109 expectant mothers received 1,193 meals.

Home Helps.

The question of the provision of home helps was considered by the Child Welfare Sub-Committee in November, 1931, but so far action in this matter has been postponed.

Sterilized Outfits.

These outfits are not officially provided by the County Council but they can be obtained through any Child Welfare Centre at cost price (5/1). In necessitous cases the Voluntary Committees of the various Centres have a small fund and out of this purchase an outfit for any expectant mother who is unable through poverty to pay the cost.

A number of these outfits have been examined bacteriologically and found to be "sterile." They consist of:—1 accouchement sheet (24 × 24); 2 dozen maternity pads; 1 twill accouchement sheet (60 × 36); 1 packet of wool flakes; 2 sheets of tarred paper (30 × 36); $\frac{1}{2}$ dozen safety pins; 1 packet of linen thread; 6 umbilical pads.

Birth Control.

In March and July, 1931, the Minister of Health issued memoranda on the question of Birth Control and after consideration the County Council decided to take action in this matter on the lines indicated by the Ministry's memoranda. In the memoranda it is pointed out that Local Authorities have no power to establish rate-aided birth control clinics and that their activities are restricted to the giving of advice through their medical officers at Child Welfare and Ante-Natal Clinics, and to the provision of appliances in those cases where it is considered undesirable on the grounds of health that certain *married women* should give birth to children. Having regard to the acute division of public opinion on the subject of birth control, the Ministry decided that no Departmental sanction which may be necessary to the establishment of such Clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be limited strictly to *cases where further pregnancy would be detrimental to health*.

The following table gives particulars of the four clinics open in the County where advice and instruction in birth control methods is given. These clinics serve a very large number of child welfare centres and ante-natal clinics from which women are referred for advice.

In necessitous cases, appliances and materials are supplied free of cost, and travelling expenses are paid.

Location.	Day and hours of Attendance.	Medical Staff. Names and Qualifications.	Number of :—	
			Health Visiting Staff.	Nursing Staff.
Doncaster. Edenfield Maternity Home, Thorne Road	Third Wednesday in Month at 2 p.m.	Agnes G. Bruce, M.B., Ch.B.	—	1
Hipperholme. Wesleyan Sunday School	First Friday in month at 2 p.m.	Elizabeth Thompson, M.B., Ch.B.	1	—
Leeds. Maternity Hospital, Hyde Terrace	Any Wednesday at 9-30 a.m.	Rhoda H. B. Adamson, M.D., M.B., B.S.	—	1
Swinton. Rock House	Fourth Friday in month at 2 p.m.	Mary Boyd, M.B., Ch.B.	2	—

During 1935, 279 married women received advice at the above clinics and these were distributed between them as under :—

Doncaster	107
Hipperholme	26
Leeds	31
Swinton	115
	279

Of the 115 women seen at Swinton, 87 of these were new cases and Dr. Doris Pinder, the Medical Officer to this Clinic contributes the following short summary of the work undertaken during 1935 :—

The 87 cases had total number children ...	485.	Average 5·6.
„ „ miscarriages ...	34.	„ 0·39.

Indications for advice.

(1) General debility following multiparity	33
(2) Previous obstetrical history	18
(3) General medical conditions	14
(4) Heart disease	6
(5) Gynæcological conditions	6
(6) Tuberculosis	5
(7) Illness of husband	5
	87

In the 1st group the average number of children was ...	6·8.
„ „ „ miscarriages ...	0·56.

2 cases were already pregnant when advice was sought.

Child Welfare Centres.

The following is a list of Centres established by the County Council and also of the Voluntary Centres in the County Maternity and Child Welfare Area:—

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session		Number who attended for the first time during 1935.			Total No. of Sessions held.	No. of Cases seen by Medical Officer		Total No. of attendances at Centres during 1935.				Total No. of children who were in attendance at the Centre and who, at the end of the year were:—	
			Expectant Mothers.	Children	Expectant Mothers.	Children under one.	Children between the ages of one and five		Exp. Mos.	Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children	Under one year of age	Between the ages of 1 and 5 yrs.
1. Adwick-le-Street, Woodside Methodist Chapel, Woodlands ...	Weekly	Thurs. 2—4	21	78	148	138	15	Whole-time M.O.H.	441	856	507	2443	1376	3819	110	177
2. Airedale (Pontefract R.D.), Holy Cross Hut, ...	Do.	Mon. 2—4	12	52	96	110	16	Medical woman	294	1479	294	1515	929	2444	115	118
3. Allerton Bywater (Tadcaster R.D.), Miners' Welfare Inst. ...	Do.	Mon. 2—4	5	58	30	134	30	Part-time Medical man	103	1161	107	1613	1106	2719	77	107
4. Altofts, Red Triangle Club ...	Do.	Wed. 2—4	—	30	—	46	3	Do.	—	308	—	719	698	1417	50	30
5. Ardsley East (Ardsley E. & W. U.D.), Primitive Methodist Chapel ...	Do.	Tues. 2—4	—	41	20	62	4	Do.	—	555	56	981	897	1878	48	4
6. Ardsley West (Ardsley E. & W. U.D.), 1, Syke Lane, West Ardsley ...	Do.	Mon. 2—4	12	34	34	50	3	Do.	65	391	83	798	715	1513	40	3
7. Armthorpe (Doncaster R.D.), Miners' Welfare Institute ...	Do.	Thurs. 2—4	—	92	46	89	7	Do.	34	1334	41	2074	2440	4514	61	35
8. Askern (Doncaster R.D.), Baptist Chapel ...	Do.	Mon. 2—4	14	35	49	111	9	Do.	158	662	158	1304	387	1691	85	167
9. Baildon, Methodist S. School ...	Do.	Mon. 2—4	—	32	7	88	25	Do.	16	975	16	715	844	1559	66	139
10. Barnoldswick, Bethesda Baptist Chapel ...	Do.	Thurs. 2—4	4	44	12	90	—	Part-time Medical woman	17	216	40	1500	641	2141	300	100
11. Bentley, Park Pavilion ...	Do.	Wed. 2—4	17	76	184	230	80	Whole-time M.O.H.	377	1359	378	2783	845	3628	240	96
12. Birdwell, (Worsborough U.D.), United Methodist Chapel ...	Do.	Wed 2—4	—	49	15	90	8	Part-time Medical man	56	716	92	809	1620	2429	40	35
13. Birkenshaw, Methodist Free Church ...	Do.	Tues. 2—4	—	48	—	78	29	Do.	—	1141	—	1264	1010	2274	64	43
14. Birstall, St. Johns' School ...	Do.	Wed. 2—4	—	42	10	60	12	Do.	15	555	47	843	1157	2000	60	120
15. Boston Spa (Wetherby R.D.), Congregational Chapel ...	Do.	Wed. 2—4	—	27	34	22	12	School M.I.	63	1382	64	218	1164	1382	22	105
16. Bramley (Rotherham R.D.), Miners' Welfare Hall ...	Do.	Wed. 2—4	—	53	10	80	8	Part-time Medical man	18	808	18	1270	1308	2578	57	92
17. Carcroft (Adwick-le-Street U.D.), Presbyterian Sunday School ...	Do.	Thurs. 2—5	14	50	130	94	38	Whole-time M.O.H.	263	623	263	1785	716	2501	88	43
18. Catcliffe (Rotherham R.D.), Church Mission Hall ...	Fort-nightly	Wed. 2—4	8	72	63	98	1	Part-time Medical man	—	1876	199	1190	689	1879	217	61
19. Chapeltown (Wortley R.D.), Miners' Welfare Pavilion ...	Weekly	Wed. 2—4	7	51	46	92	9	Whole-time M.O.H.	87	647	104	1594	997	2591	75	144

Child Welfare Centres.—continued.

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			Expectant Mothers.	Children	Expectant Mothers.	Children under one.	Children the ages of one and five	Exp. Mos.			Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children.	Under one year of age	Between the ages of 1 and 5 yrs.	
20. Conisborough, Army Hut, Balby Street Council School ...	Weekly	Thurs. 2—4	16	104	124	162	17	School M.I.	52	264	2044	3360	2054	5414	138	234		
21. Conisborough (Upper), Miners' Welfare Institute	Do.	Mon. 2—4	—	120	15	118	4	Part-time Medical woman	46	15	1294	4028	1496	5524	76	95		
22. Crigglesstone (Wakefield R.D.), Village Institute ...	Do.	Wed. 2—4	7	46	10	60	13	Part-time Medical man	48	14	1493	1096	1117	2213	53	158		
23. Crofton (Wakefield R.D.), United Methodist Church	Do.	Mon. 2—4	12	38	53	77	9	Do.	47	119	1019	1019	778	1797	67	112		
24. Cudworth, Wesley Hall	Do.	Wed. 2—4	16	79	91	177	86	Do.	52	450	1045	3143	944	4087	106	76		
25. Dalton (Rotherham R.D.), Primitive Methodist Chapel	Do.	Wed. 2—4	5	51	97	123	59	Do.	47	157	1063	2224	153	2377	76	153		
26. Darfield Methodist Chapel, Barnsley Road ...	Do.	Wed. 2—4	14	31	46	108	28	Do.	49	104	611	1170	330	1500	83	72		
27. Darton (Staincross), Wesleyan S.S., Barnsley Road ...	Do.	Thurs. 2—4	—	57	4	64	9	Do.	52	—	496	1564	1394	2958	59	5		
28. Darton (Darton), Primitive Methodist Chapel	Do.	Wed. 2—4	13	72	48	98	15	Do.	47	129	540	2187	1187	3374	91	7		
29. Darton (Gawber), Adult School	Do.	Tues. 2—4	—	58	—	66	24	Do.	48	—	552	816	1948	2764	60	176		
30. Denby and Cumberworth, Victoria Memorial Hall ...	Fort-nightly	Wed 2—4	5	36	22	53	4	School M.I.	25	55	727	861	42	903	41	16		
31. Dinnington (Kiveton Park R.D.) Wesleyan Sunday School	Weekly	Tues. 2—4	15	63	80	160	30	Part-time Medical woman	47	142	909	2072	908	2980	140	72		
32. Dodworth, Mechanics' Institute, High Street ...	Do.	Tues. 2—4	3	81	—	95	12	Part time Medical man	48	—	1154	2321	1583	3904	79	172		
33. Drighlington, Wesleyan Sunday School ...	Do.	Mon. 2—4	18	56	61	89	35	Part-time Medical woman	46	202	1784	1496	1092	2588	65	127		
34. Dunscroft, (Thorne R.D.), Church Hall	Do.	Tues. 2—4	11	59	36	197	55	Part-time Medical man	47	72	1229	2448	338	2786	106	146		
35. Earby, Old Grammar School	Do.	Wed. 2—4	5	38	13	51	3	Do.	47	33	178	694	1109	1803	38	111		
36. Ecclesfield (Wortley R.D.), Gatty Memorial Hall ...	Weekly	Mon. 2—4	6	44	18	56	9	Whole time M.O.H.	46	7	524	466	1568	2034	46	117		
37. Edlington (Doncaster R.D.), United Methodist Chapel	Do.	Tues. 2—4	16	61	83	114	13	Do.	48	—	1241	1155	1773	2928	101	138		
38. Elland, Drill Hall ...	Do.	Wed. 2—4	—	58	38	85	9	Part-time Medical man	49	39	780	859	1967	2826	55	39		

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			Expectant Mothers.	Children	Expectant Mothers.	Children	Total	Exp. Mos.			Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children	Under one year of age	Between the ages of 1 and 5 yrs	
39. Farsley, United Methodist Church	Weekly	Tues. 2—4	—	38	3	79	10	Part-time Medical man	46	15	554	621	1124	1745	67	150		
40. Ferrybridge (Pontefract R.D.), Wesleyan Chapel	Do.	Wed. 2—4	6	39	26	73	12	Do.	50	25	701	1201	750	1951	62	137		
41. Garforth, St Mary's Hall	Do.	Mon. 2—4	8	58	65	80	10	Do.	48	256	2028	1284	1496	2780	59	168		
42. Glasshoughton (Pontefract R.D.), St. Paul's Institute	Do.	Mon. 2—4	11	59	48	91	22	Part-time Medical woman	47	227	1491	1624	1169	2793	57	119		
43. Glusburn (Skipton R.D.), Glusburn Institute	Fortnightly	Tues. 2—4	—	48	2	57	46	Do.	22	—	642	437	619	1056	57	18		
44. Golcar, Council Offices	Weekly	Wed. 2—4	—	63	6	92	9	Do.	49	18	1066	1057	2030	3087	80	329		
45. Grassington, Church House	Fortnightly	Thurs. 2—4	3	19	6	9	29	School M.I.	3	20	57	16	41	57	8	30		
46. Greasborough, Town Hall	Weekly	Mon. 2—4	—	22	27	39	84	Part-time Medical man	47	44	473	704	310	1014	35	70		
47. Greetland, Clay House	Do.	Tues. 2—4	6	38	12	56	7	Do.	47	—	371	298	1506	1804	23	40		
48. Guiseley, Baptist Church Oxford Road	Do.	Thurs. 2—4	13	48	48	88	16	Part-time Medical woman	50	—	1009	1126	1273	2399	63	165		
49. Haworth, Hall Green Baptist School	Do.	Tues. 2—4	—	22	14	57	10	Do.	47	27	661	500	551	1051	52	66		
50. Hebden Bridge, Old Secondary School, Pitt Street	Do.	Wed. 2—4	6	35	30	84	30	Do.	51	70	753	1178	583	1761	66	139		
51. Hemsworth, Army Hut, West End Council School	Do.	Mon. 2—4	12	80	66	95	20	School M.I.	49	139	920	2887	1056	3943	105	93		
52. Hemsworth (Fitzwilliam) Church Hut	Do.	Tues. —4	17	79	77	104	13	Part-time Medical man	48	193	1422	2559	1252	3811	104	326		
53. High Green (Wortley R.D.) Methodist Chapel S. School	Weekly	Tues. 2—4	10	57	17	39	63	Part-time Medical Woman	11	21	255	252	375	627	39	63		
54. Hipperholme, Wesleyan Sunday School	Do.	Mon. 2—4	10	63	35	74	10	Do.	46	114	1302	1389	1505	2894	63	130		
55. Holmfirth, Town Hall	Do.	Thurs. 2—4	7	31	25	83	21	Do.	50	53	806	880	673	1553	83	100		
56. Horbury, Wesleyan Sunday School	Do.	Mon. 2—4	12	82	102	133	14	Part-time Medical man	48	234	1412	2037	1898	3935	109	194		
57. Horsforth, St. Margaret's Hall	Do.	Wed. 2—4	3	74	10	109	3	Do.	50	35	380	2106	1577	3683	65	47		
58. Hoyland Miners' Welfare Institute	Do.	Tues. 2—4	17	156	224	148	11	Do.	47	492	1561	2445	4890	7335	129	186		
59. Hoyland Common (Hoyland U.D.), Wesleyan Chapel	Do.	Thurs. 2—4	3	88	29	100	15	School M.I.	52	138	1423	1530	3060	4590	60	50		
60. Ingleton (Settle R.D.), Literary Institute	Fortnightly	Tues. 2—4	—	25	3	25	1	Part-time Medical man	24	13	372	283	319	602	26	56		
61. Kippax (Tadcaster R.D.), Trinity Methodist Chapel	Weekly	Tues. 2—4	—	40	7	104	100	Do.	48	32	894	1082	840	1922	56	65		

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			Expectant Mothers.	Children	Expectant Mothers.	Children under one.	Children between the ages of one and five	Exp. Mos.			Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children	Under one year of age	Between the ages of 1 and 5 yrs.	
32. Kirkburton, Drill Hall	Fortnightly	Tues. 2—4	—	34	6	40	14	Part-time Medical man	26	10	349	17	361	511	872	35	83	
33. Kirk Sandall (Doncaster R.D.), Assembly Hall... ..	Weekly	Thurs. 2—4	8	50	38	106	120	Do.	50	78	850	81	1264	1242	2506	47	179	
34. Knaresborough, Fysche Hall Cottage, Isles Lane	Do.	Tues. 2—4	—	49	—	61	11	School M.I.	46	—	1185	—	634	1618	2252	53	117	
35. Knottingley, Secondary School, Chapel Street	Do.	Mon. 2—4	7	57	14	95	6	Part-time Medical man	47	50	792	50	1508	1190	2698	76	149	
36. Lepton, Liberal Club	Do.	Tues. 2—4	7	56	74	117	34	Do.	47	71	744	156	576	2078	2654	129	271	
37. Linthwaite, Bungalow, 93, Manchester Road, Milnsbridge	Do.	Tues. 2—4	11	46	34	45	7	School M.I.	47	139	1084	141	1150	989	2139	35	118	
38. Luddenden Foot, The Institute ...	Do.	Tues. 2—4	—	27	7	58	177	Part-time Medical man	43	6	893	17	932	245	1177	111	124	
39. Maltby, Congregational Chapel	Do.	Mon. 2—4	11	96	64	198	176	Do.	47	97	645	199	2501	2033	4534	169	91	
40. Marsden, Conservative Club	Do.	Thurs. 2—4	3	54	30	70	5	Do.	50	12	978	94	1134	1587	2721	56	207	
41. Meltham, Baptist Church	Do.	Tues. 2—4	9	50	47	68	1	Do.	47	125	287	125	443	1922	2365	68	120	
42. Mirfield, Ings Grove	Do.	Friday 2—4	14	58	94	136	9	Part-time Medical woman	49	171	789	171	2163	669	2832	115	150	
43. Micklefield (Tadcaster R.D.), Wesleyan Chapel	Fortnightly	Tues. 2—4	—	51	14	30	2	School M.I.	27	45	1313	56	296	1092	1388	21	97	
44. Moorends (Thorne R.D.), Wesleyan Chapel	Weekly	Tues. 2—4	21	50	57	137	19	Part-time Medical woman	50	280	1382	280	1158	1340	2498	147	183	
45. Normanton, Park Pavilion	Do.	Tues. & Thurs. 2—4	11	43	66	148	26	School M.I.	98	282	2943	282	2710	1472	4182	148	210	
46. Otley, Primitive Methodist Chapel, Station Road	Do.	Thurs. 2—4	8	81	29	95	3	Part time Medical man	51	93	633	93	2107	2012	4119	109	160	
47. Oulton (Hunslet R.D.), Village Institute	Do.	Tues. 2—4	—	19	6	35	6	Do.	47	28	795	29	657	213	870	20	26	
48. Outwood (Stanley U.D.), Church Institute	Do.	Mon. 2—4	10	56	56	82	3	Do.	47	127	1616	127	981	1660	2641	70	124	
49. Oughtibridge (Wortley R.D.), Church Hall	Do.	Thurs. 2—4	—	36	8	32	21	Do.	51	—	1420	24	598	1219	1817	28	106	
50. Penistone, Shrewsbury Road Methodist Chapel	Do.	Mon. 2—4	8	61	43	84	20	Part-time Medical woman	48	97	823	102	2091	846	2937	57	47	
51. Queensbury, Cricket Pavilion ...	Do.	Tues. 2—4	8	51	40	60	17	Part-time Medical man	48	136	956	136	2162	297	2459	52	25	
52. Rawmarsh, Spiritual Temple, Parkgate	Do.	Tues. 2—4	35	109	156	168	420	School M.I.	48	604	1752	950	3684	1526	5210	194	603	
53. Ripon City, Alma House	Do.	Mon. 2—4	—	68	12	58	23	Do.	49	33	1468	33	1095	2245	3340	47	123	
54. Royston, Wesleyan Sunday School	Do.	Wed. 2—4	8	83	32	119	10	Part-time Medical man	50	42	1198	89	2774	1387	4161	102	154	

Child Welfare Centres.—continued.

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			Expectant Mothers.	Children	Expectant Mothers.	Children under one.	Children between the ages of one and five	Exp. Mos.			Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children.	Under one year of age	Between the ages of 1 and 5 yrs.	
85. Rossington (Doncaster R.D.), United Methodist Church	Weekly	Tues. 2—4	13	71	114	125	35	Part-time Medical man	48	282	748	283	2627	794	3421	105	150	
86. Saddleworth, Mechanic's Institute, Uppermill ...	Do.	Wed. 2—4	2	68	37	81	9	Do.	49	38	406	85	1232	2082	3314	62	148	
87. Selby, Museum Hall, Park Street	Do.	Fri. 2—4	—	32	8	46	3	Whole-time M.O.H.	47	17	904	26	614	903	1517	36	167	
88. Settle (Settle R.D.), Wesleyan Sunday School ...	Do.	Thurs. 2—4	3	27	11	34	8	School M.I.	25	19	355	19	351	319	670	38	42	
89. Scharlston (Wakefield R.D.), St. Luke's Hall ...	Do.	Tues. 2—4	7	47	17	57	6	Part-time Medical man	47	25	1281	25	1139	1079	2218	50	149	
90. Shelf, Methodist Chapel, Witchfield Hill ...	Do.	Mon. 2—4	—	28	30	55	14	Part-time Medical woman	39	30	570	30	895	200	1095	45	10	
91. Silsden, Ambulance Station, Kirkgate ...	Fort-nightly	Tues. 2—4	—	26	2	28	16	Do.	29	—	347	6	346	415	761	28	17	
92. Snaith (Goole R.D.), House, Market Place ...	Weekly	Thurs. 2—4	—	16	8	42	6	Part-time Medical man	51	14	830	16	259	571	830	70	93	
93. Skipton, Wesleyan Methodist Sunday School, Water Street	Do.	Wed. 2—4	7	62	23	80	8	School M.I.	43	25	812	41	1040	1640	2680	71	146	
94. Slaithwaite, United Methodist Sunday School, Carr Lane	Do.	Wed. 2—4	—	49	—	55	4	Part-time Medical man	49	—	924	—	1048	1362	2410	39	84	
95. Springhead, Congregational Chapel ...	Do.	Fri. 2—4	2	60	36	61	137	Part-time Medical woman	46	102	774	102	1282	1480	2762	61	137	
96. Stainforth (Thorne) R.D.), Wesleyan S.S., Church Road ...	Do.	Tues. 2—4	19	93	95	137	40	Do.	47	209	1545	209	3862	526	4388	120	80	
97. South Milford (Tadcaster R.D.), St. Mary's Schoolroom ...	Fort-nightly	Tues. 2—4	7	44	15	39	4	School M.I.	27	15	1028	46	400	794	1194	33	67	
98. Sowerby Bridge, Allan House ...	Weekly	Tues. & Thurs. 2—4	2	36	40	165	49	Do.	96	103	1683	103	2165	1306	3471	165	230	
99. Stannington (Wortley R.D.), Underbank Chapel ...	Do.	Wed. 2—4	—	36	6	26	7	Part-time Medical woman	50	24	899	40	643	1179	1822	17	94	
100. Stocksbridge, Mozart House, Deepcar ...	Do.	Tues. 2—4	—	46	7	86	25	Part-time Medical man	48	34	845	41	972	1260	2232	116	238	
101. Swallownest (Rotherham (R.D.)), Church Hall ...	Fort-nightly	Mon. 2—4	9	50	38	70	7	Part-time Medical woman	27	114	986	114	1129	236	1365	114	38	
102. Swinton, Rock House ...	Weekly	Mon. & Wed. 2—4	14	44	107	163	155	Part-time Medical woman and man	98	237	1680	311	2236	2030	4266	143	249	
103. Stanley, Zion Congregational Chapel ...	Do.	Mon. 2—4	12	44	79	58	29	Part-time Medical man	47	144	1010	200	769	1282	2051	58	120	

Child Welfare Centres.—continued.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session		Number who attended for the first time during 1935.				Present arrangements for medical supervision.	Total No. of Sessions held.	No. of Cases seen by Medical Officer		Total No. of attendances at Centres during 1935.				Total No. of children who were in attendance at the Centre and who, at the end of the year were:—	
			Expectant Mothers.	Children	Expectant Mothers.	Children under one.	Children between the ages of one and five	Exp. Mos.			Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children.	Under one year of age	Between the ages of 1 and 5 yrs.	
104. Swillington (Tadcaster) R.D.), Hut near church	Fort-nighly Weekly	Wed. 2—4	15	58	107	60	4	Part-time Medical man	26	286	1516	369	669	847	1516	45	89	
105. Swinefleet (Goole R.D.), Prospect House	Fort-nighly Weekly	Tues. 2—4	—	17	8	37	8	Part-time Medical woman	48	16	804	16	275	560	835	27	42	
106. Tadcaster (Tadcaster R.D.), Shann House, Westgate	Fort-nighly Weekly	Tues. 2—4	—	42	16	43	6	Do.	26	35	693	48	372	717	1089	37	43	
107. Thorne, (Thorne R.D.), Temperance Institute	Do.	Wed. 2—4	—	52	8	102	9	Part-time Medical man	48	37	884	37	1765	754	2519	83	131	
108. Thurgroft (Rotherham R.D.), Miners' Welfare Institute	Do.	Mon. 2—4	9	48	62	61	30	Do.	47	30	2246	113	1498	748	2246	90	45	
109. Thurnscoe (West), Church Sunday School	Fort-nighly Do.	Mon. 2—4	15	65	125	82	—	Do.	23	358	355	362	1233	252	1485	80	42	
110. Thurnscoe (East), Parish Hall	Do.	Mon. 2—4	—	55	—	93	—	Do.	24	—	360	—	1043	269	1312	71	18	
111. Wales (Kiveton Park R.D.), Methodist Chapel	Weekly	Mon. 2—4	8	34	32	95	87	Do.	45	—	275	86	881	681	1562	68	85	
112. Wath, Wesleyan Assembly Hall	Do.	Mon. 2—4	—	72	—	86	10	Do.	47	—	821	—	766	2602	3368	62	103	
113. West Melton (Wath U.D.), Wesleyan Chapel	Do.	Tues. 2—4	17	96	18	110	12	Do.	47	434	888	449	2015	2508	4523	96	80	
114. Wetherby (Wetherby R.D.), Wesleyan Sunday School	Do.	Thurs. 2—4	8	36	32	35	11	Do.	47	21	244	95	671	1000	1671	31	48	
115. Whiston (Rotherham (R.D.), Church Institute	Fort-nighly	Thurs. 2—4	—	32	7	45	4	Part-time Medical woman	25	11	458	20	492	309	801	31	58	
116. Whitwood, Memorial Hall	Weekly	Wed. 2—4	8	71	41	117	40	Do.	47	139	1368	146	2359	1000	3359	80	113	
117. Wrenthorpe (Stanley U.D.), Church Sunday School	Do.	Thurs. 2—4	—	29	10	18	11	Do.	51	24	805	24	490	1009	1499	18	58	
118. Worsborough, Wesleyan Sunday School, Worsborough Dale	Do.	Thurs. 2—4	14	135	106	181	35	Part-time Medical man	51	385	2052	385	4320	2553	6873	148	342	
119. Yeadon, Town Hall	Do.	Tues. 2—4	—	56	42	108	8	Do.	45	—	927	146	1177	1361	2538	84	150	

VOLUNTARY INFANT WELFARE CENTRES

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session		Number who attended for the first time during 1935.			Present arrangements for medical supervision.	Total No. of Sessions held.	No. of Cases seen by Medical Officer		Total No. of attendances at Centres during 1935.				Total No. of children who were in attendance at the Centre and who, at the end of the year were:—	
			Expectant Mothers.	Children.	Expectant Mothers.	Children under one.	Children between the ages of one and five			Exp. Mos.	Children.	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children.	Under one year of age	Between the ages of 1 and 5 yrs.
1. Bentham (Settle R.D.), St. Margaret's Sunday School ...	Fort-nightly	Thurs. 2—4	—	15	—	17	3	Part-time Medical woman	15	—	158	—	105	118	223	13	20
2. Bardsey (Wetherby R.D.), Trustees Hall ...	Do.	Tues. 2—4	—	17	—	10	4	Do.	26	—	248	—	73	362	435	10	17
3. Kirkhamgate (Wakefield R.D.), Church Mission Room ...	Fort-nightly	Wed.(1st & 3rd) 2—3	—	17	—	14	4	Do.	24	—	218	—	260	150	410	14	19
4. Methley. Mickletown Institute ...	Weekly	Mon. 2—4	—	34	12	63	—	Part-time Medical man	45	26	651	50	1043	500	1543	34	29
TOTAL ...			—	—	5031	10481	3257		5552	11735	114773	15104	163388	137368	300756	9,097	13,646

Attendances at Child Welfare Centres.

The total attendances at child welfare centres show an increase of 28,475 infants compared with the previous year.

The attendances of expectant mothers also shows a large increase and the numbers have gone up from 12,087 in 1934 to 16,300 in 1935, an increase of 4,213.

These figures are very gratifying and speak well for the popularity of the services provided at the child welfare centres and ante-natal clinics.

The numbers of expectant mothers and children who attended a child welfare centre for the first time were 5,031 and 13,738 respectively (see preceding table), an increase over the year 1934 of 930 expectant mothers and 1,720 children.

The percentage of notified live births represented in this number was 81·6 (against 60 for the country) and 71·3 for the county maternity and child welfare area in 1934, while the percentage of expectant mothers was 39·6 against 32 last year.

The total attendances at the 123 centres open in the county at the end of the year were 16,300 expectant mothers and 300,756 children, the average attendance per session being 14 and 54, against 11 and 51 respectively in 1934.

Establishment of Infant Welfare Centres.

During the year, child welfare centres were established at Grassington (Skipton R.); High Green (Wortley R.); Luddendenfoot, Shelf and Springhead. The centre at Sprotborough (Doncaster R.), which is attached to the new school, is now nearing completion and will be opened towards the end of 1936.

In December, 1935, the Child Welfare Sub-Committee considered the question of the provision of additional child welfare centres, school and ante-natal clinics, and 12 ante-natal clinics at places where child welfare centres are already established, to be provided during the financial years 1936-37 and 1937-38 at an estimated cost of £3,350, as follows:—

Seven combined child welfare centres, school clinics and ante-natal clinics:—

	£	£
Rent, rates, heating, lighting and cleaning	60	
Initial equipment	90	
Salary of medical officer	100	
	<hr/>	
	250	× 7 = 1,750

Five combined child welfare centres and ante-natal clinics:—

Rent, rates, heating, lighting and cleaning	50	
Initial equipment	80	
Salary of Medical Officer	70	
	<hr/>	
	200	× 5 = 1,000

Twelve ante-natal clinics at places where centres are already established:—

Additional rent	10	
Equipment	20	
Salary of Medical Officer	20	
	<hr/>	
	50	× 12 = 600
		<hr/>
		£3,350

In connection with this programme, progress has already been made and premises obtained at Brampton Bierlow (Rotherham R.), Burley-in-Wharfedale, Grenoside (Wortley R.), Ripponden (Soyland U).

With regard to ante-natal clinics, negotiations are in progress to provide these at the following existing child welfare centres:—Micklefield (Tadcaster R.), Ripon, Selby, Tadcaster (Tadcaster R.), Thorne (Thorne R.), and Wath-on-Deerne.

In addition to the foregoing proposals, a building programme has been decided on in areas where the existing accommodation is inadequate, and where other suitable accommodation in the district is not available.

In the capital budget for the next financial year, provision has been made for four such centres at a total cost of £14,000 (£3,500 each), to house all the maternity and child welfare activities in the area, *i.e.*, child welfare, school clinic, ante-natal, ultra-violet ray and dental treatment, and treatment of diseases of the ear.

At the present time a Sub-Committee is considering such a proposal for the districts of Conisbrough, Hoyland and Rawmarsh, and at the latter place a suitable site has been obtained in Barber's Avenue. Plans and estimates are prepared and are now awaiting the approval of the Ministry of Health. This leaves one other area to be dealt with later.

Arrangements for transfer to more commodious premises were made at Springhead, Thurnscoe and Wath.

Additional sessions due to the provision of ante-natal clinics were arranged at Bentley, Carcroft, Cudworth, Dinnington, Edlington, Garforth, Glasshoughton, Horbury, Rawmarsh, and Woodlands.

Alterations to premises were carried out at Airedale, Knottingley, Milnsbridge, Outwood and Tadcaster.

Perambulator sheds were provided at High Green, Normanton and Yeadon.

As mentioned previously, the accommodation at Conisbrough, Hoyland and Rawmarsh is insufficient to meet present day requirements and the provision of specially built clinics at these places is receiving urgent consideration by the Committee.

DARTON. At the present time the child welfare centre and ante-natal clinic in Darton is housed in the Primitive Methodist Chapel and the accommodation is not good. In July, intimation was received from the owners of the Darton Infants' School, the tenancy of which has been terminated by the West Riding Education Committee that the school might be useful for public health purposes. The infants' school consists of three good sized rooms and small cloak room and lavatory, and the alterations necessary are structural, *i.e.*, provision of a perambulator shed, decorations, conversion of pail closets to w.c's., etc. A Special Sub-Committee visited these premises and decided to enter into an agreement with the Governors of the George Beaumont Foundation for the inclusive use of the Darton Infants' School, together with the yard, outside conveniences and coal place, at an annual rent of £12, the County Council being responsible for the rates and any alterations required to the premises. The cost of the alterations, adaptations and decorations of the premises, as recommended by the Architect, is £200.

WATH-UPON-DEARNE. The child welfare centre in Wath is housed in the Wesleyan Assembly Hall and having regard to the number of children attending and the amount of work undertaken at this clinic the accommodation is inadequate. The Wath Urban District Council has purchased Dunford House, Wath, and the Child Welfare Committee has entered into an agreement for the sole use of three large rooms and three other rooms on the ground floor of Dunford House for maternity and child welfare purposes, and two rooms on the first floor of the house as a school dental clinic. The rent to be paid for the use of the rooms is £200 per annum, inclusive of heating, cleaning and maintenance of buildings, but the County Council will pay the annual cost of lighting. The alterations required to render the premises suitable for our purpose and the necessary decorations are to be carried out by the Urban District Council.

Medical Officers of Centres.

The following new appointments were made during the year:—

Name of Centre.	Medical Officer.	Name of Centre.	Medical Officer.
Conisbrough Upper	Helen Lindsay.	Lepton (ante-natal officer) ...	Hilda Leake.
Crigglestone (ante-natal officer)	Katherine M. Hick.	Moorends	Bessie Cook.
Darfield	J. W. Whitworth.	Otley	W. H. Galloway.
Dunscroft	Bessie Cook.	Royston (ante-natal officer) ...	Marian Jones.
Earby (ante-natal officer) ...	Annie V. Neilson.	Settle	Elizebeth B. Dowell.
Ecclesfield do. ...	Barbara Demaine.	Sharlston (ante-natal officer) ...	Doris M. Ringrose.
Ferrybridge do. ...	Marjorie Steven.	Shelf	Katherine M. Hick.
Garforth do. ...	Dorothy Summers.	Skipton (ante-natal officer) ...	Hilda Frost.
Greetland do. ...	Hilda Leake.	South Milford do. ...	Katherine M. Hick.
High Green	Barbara Demaine.	Stainforth	Helen Lindsay.
Holmfirth (ante-natal officer) ...	Hilda Leake.	Swinton Birth Control	Mary Boyd.
Knottingley do. ...	Marjorie Steven.		

The following resigned their appointments:—

Name of Centre.	Medical Officer.
Conisbrough Upper	Daisy Scorgie.
Darfield	W. F. Castle.
Moorends	Daisy Scorgie.
Otley	E. Linfoot.
Stainforth	Daisy Scorgie.
Swinton (Birth Control)	Doris Pindar.

The following table shews the distribution of medical officers in charge of child welfare centres:—

	No. of Centres.	Medical Officers.
Whole time medical officers of health	7	3
School medical inspectors	17	10
Part-time medical practitioners in general practice	89	76
Part-time medical practitioners <i>not</i> in general practice	11	8
	<u>124</u>	<u>97</u>

Of the 76 part-time general practitioners, 60 are men and of these, 31 are also local medical officers of health.

Ultra-Violet Light.

The following table shews the arrangements made for Ultra Violet light treatment by the County Council. The cases dealt with are mainly school children, but infants suffering from malnutrition, debility and rickets receive this treatment from time to time at the hospitals and clinics provided.

Location.	Day and hours of Attendance.	Medical Staff. Names and Qualifications.	Health Visiting Staff.
Miners' Welfare Institute, Conisbrough ...	Thursday, 2 p.m.	D. C. Rice, M.B., Ch.B.	3
Army Hut, West End Council School, Hemsworth	Wednesday, 1-30 p.m.	D. C. Rice, M.B., Ch.B.	1
Town Hall, Holmfirth	Monday and Thursday, 10 to 12 noon.	Muriel V. Wilby, M.R.C.S., L.R.C.P.	1
Allan House, Sowerby Bridge	Tuesday and Thursday, 10 a.m.	Janet M. Macmillan, M.B., Ch.B., D.P.H.	2
Bingley, Baths	Monday, Wednesday, Friday. All day.	O. T. Wade, M.R.C.S., L.R.C.P.	1
Wombwell, Free Library	Monday and Thursday, 2 p.m.	W. C. Jardine, M.B., Ch.B.	1
Clayton Hospital, Wakefield	Any day.		—
Leeds General Infirmary.	Any day.		—

The clinics at Conisbrough, Hemsworth, Holmfirth and Sowerby Bridge are provided by the County Council, and those at Bingley and Wombwell belong to the local Council and accept cases by arrangement with the County Council at an agreed fee. The latter remark also applies to the facilities available at the Clayton Hospital, Wakefield, and the Leeds General Infirmary.

All treatment is given free of charge and fares are paid in necessitous cases.

Notification of Births Acts.

During the year, 15,891 live births (15,320 legitimate, 571 illegitimate) and 796 still births (756 legitimate, 40 illegitimate), were registered in the County Notification of Births area, and 13,525 (13,031 live births and 494 still births) were notified. Of the 13,525 births, 11,230 were notified by midwives, and 2,295 by doctors and parents.

In 1935 there were 9 Boroughs, 12 Urban Districts and 1 Rural District exercising powers under the Maternity and Child Welfare and Notification of Births Acts, namely:—The Boroughs of Batley, Brighouse, Goole, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-upon-Deane, Castleford, Featherstone, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spenborough and Wombwell, and the Rural District of Hemsworth.

The estimated mid-year population in 1935 of the Administrative County was 1,535,600, and deducting the 22 autonomous areas enumerated above, having a total population of 492,252, the population of the County Notification of Births Area totalled 1,043,348.

Arrangements made by the County Council in the interests of economy and to avoid overlapping are as follows:—

Authorities performing school nursing for the County Council on agreed terms: Bolton-upon-Dearne, Bingley, Heckmondwike, Rothwell and Wombwell Urban Districts.

Districts where the County Council employ whole-time school nurses on account of large size of area: Goole Borough, Castleford, Featherstone, and Mexborough Urban Districts and Hemsworth Rural District.

At Ilkley, the County Council's Nurse does health visiting for the Ilkley Authority.

At Bolton-upon-Dearne, Heckmondwike, Ilkley and Wombwell, the County Council's school clinics combine with the maternity and child welfare centres belonging to the Local Authority.

The Bolton-upon-Dearne and Mexborough Urban District Councils are two of the twenty-two autonomous areas that have applied to the County Council for their district to be included in the County scheme. Further consideration of the matter is postponed pending the review of County districts.

Nursing Staff.

The establishment of the nursing staff employed in connection with maternity and child welfare work numbered 114 at the end of the year, comprised as under:—

- 2 Assistant Inspectors of Nurses and Midwives.
- 1 Emergency Nurse.
- 1 Health Visitor.
- 110 Child Welfare Nurses undertaking combined duties of Health Visitors and School Nurses.
- 63 part-time nurses employed by Nursing Associations who undertake, on behalf of the County Council, the health visiting and school nursing work. The majority of these associations serve sparsely populated rural areas.

During the year four child welfare nurses resigned their appointments. Two of them obtained posts with other authorities, one left the country and one left to be married. In addition, one retired on superannuation on attaining the age of 65 years, and one nurse died.

Seven new nurses were appointed, and at the end of the year, by obtaining temporary assistance, no districts were vacant.

Assistant Inspectors of Nurses and Midwives.

There are two women Assistant Inspectors of Nurses and Midwives. The following is a summary of their work during the year:—

Visits made to whole-time Health Visitors and Tuberculosis Nurses	375
„ part-time Nurses	63
„ Maternity Homes	21
„ Midwives	620
„ Child Welfare Centres and Ante-natal Clinics	113
„ Boarded-out Children	9
„ in connection with Public Assistance Institutions	5
„ Ultra-Violet Ray Clinics	5
Special Visits (ophthalmia neonatorum, puerperal fever, uncertified practice, concealment of birth, abortifacients, pemphigus and deaths of children) ...	85
Attendance at meetings of local Child Welfare Committees and with Nursing Associations, and interviews with Medical Practitioners and various people relative to the Maternity and Child Welfare Scheme	150
Premises inspected as to their suitability for Child Welfare Centres	57

The two Inspectresses also gave addresses to mothers at Child Welfare Centres, attended celebrations in connection with Baby Week, assisted the County Superintendent of the West Riding Nursing Association in the formation of new Nursing Associations; made special investigations into cases arising under the Children and Young Persons Act, 1932, enquired into cases of pemphigus neonatorum, puerperal fever and pyrexia, etc.

Miss Houghton, the Superintendent of the West Riding Nursing Association and the two Inspectresses work in complete harmony, and this tends to the smooth running of the various affiliated Nursing Associations in the Riding.

In 1935, the work of the inspectresses suffered greatly through the unavoidable absence, due to illness, of both Miss Brooke and Miss Williams during the greater part of the year.

Miss M. Davenport, one of the child welfare nurses, was brought into the Department to assist in a temporary capacity, mainly in the work of inspection of midwives.

Verification of Family Circumstances.

A scheme for the verification of family circumstances in connection with all forms of relief granted by the County Council was put into operation in the Lower Agbrigg Guardians Committee area for an experimental period on the 1st January, 1934.

The following fourteen Child Welfare Centres are established within the selected area:—
Altofts, Ardsley East, Ardsley West, Crigglestone, Crofton, Lepton (Flockton cases only), Horbury, Kirkhamgate, Normanton, Oulton, Outwood, Sharlston, Stanley, Wrenthorpe. In every case where application is made for some form of assistance the family circumstances are verified.

The following are the results achieved during the year:—

	No. of reports received from the County Public Assistance Officer.	No. found incorrect as affecting Scheme.	Percentage incorrect as affecting Scheme.
Applications for supply of milk at Centres ...	1,601	137	8·6
Maternity Home Treatment	160	32	20·0
Midwives fees in necessitous cases	205	22	10·7
Applications for Virol at school clinics ...	106	12	11·3
Provision of Spectacles, etc.	51	2	3·9

The County Council has decided to extend this scheme of verification of family circumstances to the Osgoldcross, Don Valley and Rother Valley Guardians' Committee areas, and will come into operation on the 1st April, 1936. In addition to the centres enumerated above, the following will come into the scheme:—

OSGOLDCROSS.

Methley, Whitwood, Glasshoughton, Knottingley, Airedale, Hemsworth, Fitzwilliam, Ferrybridge.

DON VALLEY.

Thorne, Stainforth, Dunscoft, Rossington, Edlington, Armthorpe, Conisbrough, Conisbrough Upper, Thurnscoe, Woodlands, Carcroft, Bentley, Kirk Sandall, Askern, Moorends.

ROTHER VALLEY.

Wath, West Melton, Swinton, Rawmarsh, Dalton, Bramley, Whiston, Maltby, Thurcroft, Kiveton Park, Dinnington, Catcliffe and Swallownest.

Homes and Hospitals for Children under Five Years of Age.

The following table shews that during the year 126 children under five years of age were treated in hospitals. The cases dealt with were mainly those of premature babies, improper feeding, or ophthalmia neonatorum.

Name of Home or Hospital	No. of patients treated by County Council during 1935	Inclusive fees of Home per week		
		£	s.	d.
1. Edenfield Private Maternity Home, Doncaster	9	1	1	0
2. Halifax (General Hospital)	—	1	1	0
3. Harrogate Municipal Babies' Hospital	10	1	10	0
4. Harrogate and District General Hospital	5	3	3	0
5. Huddersfield Maternity Home	—	1	1	0
6. Leeds General Infirmary	—	1	1	0
7. Leeds Maternity Hospital	22	1	1	0
8. Marguerite Home, Thorparch (Orthopædic)	14	1	15	0
9. Scarborough Children's Convalescent Home	62	1	1	0
10. Shipley and Bingley Municipal Maternity Home	—	1	1	0
11. Skipton and District Hospital	1	1	1	0
12. Wakefield (Clayton Hospital)	2	2	16	0
13. York Municipal Maternity Hospital	1	1	1	0
14. Yorkshire Children's Orthopædic Hospital, Kirbymoorside	—	1	18	6
Total ...	126			

Award of Bursarships for Intending Nurses.

These awards are made with a view to increasing the supply of Health Visitors in the West Riding, and the Education Committee agreed to the award of Bursarships to girls in attendance at Secondary Schools who have reached the age of 16 years and wish to become nurses.

A Bursarship provides the whole or some portion of the tuition fees, games subscriptions, charges for the use of books, and necessary travelling expenses if the holder lives more than two miles from the school attended, and is tenable ordinarily at a Secondary School for two years, so as to enable the holder to continue at school until old enough to serve as a probationer nurse.

A maintenance allowance may be granted if need be shown.

Full details of the scheme appeared in the annual report for 1932.

The procedure adopted on the conclusion of the award of Bursarships is as follows:—

- (1) The Education Department keeps a record of each bursar.
- (2) The Education Officer notifies the County Medical Officer each year of the bursars who are due to enter hospitals and includes in the list names of applicants for Bursarships who were advised to continue with their existing awards and others who were not given awards on grounds of financial circumstances.
- (3) The County Medical Officer communicates with the bursar and advises as to entry to hospital where necessary.
- (4) The County Medical Officer notifies the Education Officer (a) as each bursar has been attached to a hospital for general training and (b) of any other movements.
- (5) The Education Officer informs the County Medical Officer in December or thereabouts whether or not the whole of the bursars who terminated their awards in the previous July have been satisfactorily settled.
- (6) The County Medical Officer keeps in touch with each probationer during training.

The following table gives information regarding awards already made.

Year of award	Number of awards made	Number who have entered upon their hospital training
1931-32	Nine	Nine
1932-33	Nine	Nine
1933-34	Eight	Six
1934-35	Six	Six
1935-36	Nine	—

Ten awards have been offered for the school year 1936-37.

Thirty Bursars are now in training at the following hospitals:—Barnsley Beckett (1); Battersea General (1); Bradford Royal (3); Clayton, Wakefield (1); Derby Royal (1); Guys Hospital (1); Huddersfield Royal (1); Leeds General Infirmary (10); Keighley Victoria (1); Nottingham General (1); Paddington Infirmary (2); Preston Royal Infirmary (1); Royal Halifax (1); Sheffield Royal (3); Sheffield General (1); Whitechapel, London (1).

Home Visits.

Visits made by Health Visitors during the year were as follows (for detailed analysis see table folded in at this page).

Expectant Mothers	11,172
Infants under one—first visits	15,564
Infants under one—Total	154,190
Children 1/5	44,703
Special Visits (ophthalmia neonatorum, teething, marasmus, feeding, circumcision, etc.)	4,401
Measles cases	416

Measles.

During 1935 the Health Visitors made 416 visits to measles cases distributed over 42 sanitary districts, being a decrease of 2,115 over the previous year (see table folded in at this page). The districts mainly affected were the Haworth and Rawmarsh Urban Districts, and the Ripon, Rotherham and Tadcaster Rural Districts.

Record of Visits by the Health Visitors during the year 1935 in districts for which the County Council is the Authority under the Notification of Births Act, 1907.

Sanitary District.	Total Live and Still Births.	No of Births Notified (including Still-Births).	No. of First Visits.	No. of Re-Visits.	No of Pre-Natal Visits.	No. of Special Visits (Ophthalmia Neonatorum, etc.).	No. of Still-Births Notified.	No. of Deaths under one year.	Measles Cases Visited.	No. of Attendances at Infant Welfare Centres.			No. of visits to children nursed for reward under Children and Young Persons Act, 1932
										Exp. Mothers.	Infants under one.	Children between 1-5 years.	
1.	2	3	4	5	6	7	8	9	10	11	12	13	14
I. URBAN.													
Adwick-le-Street	414	349	430	4580	160	544	25	31	13	770	4228	2092	3
Altofts	68	60	33	907	230	4	1	—	—	—	719	698	—
Ardsley, East and West	167	114	124	1750	34	2	3	4	—	139	1779	1612	7
Baildon	134	68	114	277	9	10	2	7	—	16	715	844	2
Barkisland	12	3	11	258	11	10	—	1	—	—	—	—	—
Barnoldswick	112	77	102	906	60	90	3	8	3	40	1500	641	—
Batley Boro*	465	—	—	—	—	—	—	22	—	—	—	—	—
Bentley-with-Arksey	294	230	242	2741	115	72	6	18	11	378	2783	845	—
Bingley*	309	—	—	—	—	—	—	16	—	—	—	—	—
Birkenshaw	48	44	45	186	23	—	2	5	—	—	1264	1010	5
Birstal	94	76	103	1108	20	21	2	4	—	47	843	1157	2
Bolton-upon-Dearne*	249	—	—	—	—	—	—	11	—	—	—	—	—
Brighouse Boro*	258	—	—	—	—	—	—	9	—	—	—	—	—
Burley-in-Wharfedale	44	24	39	820	39	1	—	1	—	—	—	—	4
Calverley	49	23	40	873	11	—	2	3	—	—	—	—	—
Castleford*	355	—	—	—	—	—	—	17	—	—	—	—	—
Clayton West	21	18	25	291	72	—	2	2	1	—	—	—	—
Conisbrough	396	333	371	2487	256	74	17	27	1	333	7388	3550	—
Cudworth	185	177	185	1210	45	18	5	17	—	516	3143	944	—
Darfield	91	80	90	1865	46	—	5	5	—	104	1170	330	—
Darton	274	255	246	3976	48	—	14	26	—	154	4567	4529	1
Denby and Cumberworth	43	36	7	508	89	—	—	4	—	55	861	42	—
Denholme	29	24	29	808	57	—	—	1	—	—	—	—	—
Dodworth	89	76	88	1224	36	51	3	2	5	—	2321	1583	—
Drighlington	75	74	73	352	43	2	4	3	—	202	1496	1092	9
Earby	74	37	55	733	35	7	5	2	11	33	694	1109	—
Elland	134	59	149	2208	4	—	1	5	—	53	859	1967	—
Emley	11	11	14	369	37	1	1	—	—	—	—	—	—
Farsley	85	55	87	1342	26	—	—	12	—	15	621	1124	2
Featherstone*	286	—	—	—	—	—	—	17	—	—	—	—	—
Flockton	12	13	15	644	58	—	—	1	—	—	—	—	—
Garforth	60	47	27	445	103	—	—	2	—	415	1284	1496	19
Gildersome	66	48	71	604	33	—	—	3	—	—	—	—	—
Golcar	120	53	131	2266	23	84	4	10	—	18	1057	2030	—
Goole*	336	—	—	—	—	—	—	17	—	—	—	—	—
Greasbrough	56	44	47	301	14	—	3	4	—	50	704	310	—
Greetland	50	25	49	1045	28	13	2	1	—	19	298	1506	1
Guiseley	83	51	66	291	8	1	3	10	—	160	1126	1273	15
Gunthwaite & Ingbirchworth	2	3	3	56	15	—	—	—	—	—	—	—	—
Harrogate Boro*	469	—	—	—	—	—	—	28	—	—	—	—	—
Haworth	61	42	59	2134	24	—	—	4	66	43	500	551	6
Hebden Bridge	59	57	56	1199	25	—	3	3	—	84	1178	583	—
Heckmondwike*	123	—	—	—	—	—	—	5	—	—	—	—	—
Hemsworth	260	228	276	2810	361	63	8	17	—	374	5446	2308	—
Hipperholme	75	50	54	726	11	—	1	4	—	114	1389	1505	1
Holme	1	1	1	9	—	—	—	—	—	—	—	—	—
Holmfirth	129	136	101	1552	52	19	4	4	—	64	880	673	—
Honley	57	42	50	1063	37	—	1	3	1	—	—	—	—
Horbury	110	104	147	1291	33	4	1	5	—	244	2037	1898	—
Horsforth	175	258	174	760	50	42	11	5	—	77	2106	1577	—
Hoyland Nether	243	206	240	1754	156	34	7	11	—	1099	3975	7950	—
Hoylandswaine	8	2	6	197	5	—	—	1	—	—	—	—	—
Hunsworth	44	31	37	154	7	—	2	3	—	—	—	—	5
Ilkley*	98	—	—	—	—	—	—	7	—	—	—	—	—
Keighley Boro*	529	—	—	—	—	—	—	41	—	—	—	—	—
Kirkburton	39	28	34	787	1	—	1	1	—	17	361	511	1
Kirkheaton	33	14	31	642	43	—	2	2	—	—	—	—	1
Knaresborough	101	104	92	855	7	1	4	2	11	—	634	1618	7
Knottingley	161	146	128	624	3	6	5	10	—	50	1508	1190	—
Lepton	46	31	45	202	17	—	—	2	—	156	576	2078	—
Linthwaite	99	55	78	1340	2	—	3	7	2	141	1150	989	—
Luddenden Foot	40	29	39	635	—	—	—	1	—	17	932	245	—
Maltby	254	218	256	2298	125	10	3	24	—	199	2501	2033	8
Marsden	69	36	54	1682	60	9	3	2	—	94	1134	1587	—
Meltham	57	38	56	881	76	11	1	2	23	125	443	1922	—
Methley	64	50	55	631	30	—	—	2	2	50	1043	500	—
Mexborough*	260	—	—	—	—	—	—	11	—	—	—	—	—
Midgley	25	10	23	663	1	—	—	2	—	—	—	—	—
Mirfield	173	134	161	2293	16	19	2	7	—	171	2163	669	—
Morley Boro*	287	—	—	—	—	—	—	16	—	—	—	—	—
Mytholmroyd	51	35	58	1327	57	—	1	—	—	—	—	—	—
New Mill	36	20	52	1409	2	7	2	5	—	—	—	—	—
Normanton	242	197	245	2400	13	34	11	12	—	282	2710	1472	3
Oakworth	43	19	19	554									

Children and Young Persons Act, 1932 (Part V).

Visits are made monthly and in cases where the Infant Protection Visitor is not satisfied with the condition of a child or the home, and where any irregularity occurs, the circumstances are reported immediately and investigations made by the Assistant County Medical Officer or one of the Inspectresses.

The following Return relates to the administration of Part I of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932, during the year 1935.

1. Notification:—

- (i) Number of foster parents on the Register at the end of the year ... 173
- (ii) Number of children on the Register
 - (a) at the end of the year ... 232
 - (b) who died during the year ... —
 - (c) on whom inquests were held during the year ... —

2. Visiting:—

- (i) Number of Visitors holding appointments under Section 2 (2) at the end of the year:—
 - (a) Health Visitors ... 112
 - (b) Female, other than Health Visitors ... 2
 - (c) Male ... 2
- (ii) Number of persons or societies authorised to visit under the proviso to Section 2 (2). none

3. No proceedings were taken during the year under the various Sections of the Act.

4. No sanctions were given under Section 3 (a) (b) and (c) during the year.

5. No orders were obtained during the year under Section 5 (1) from a Justice or from the Local Authority.

During the year 1935 the Infant Protection Visitors made 489 visits to children notified as being nursed for reward.

Widows', Orphans' and Old Age Contributory Pensions Act, 1925.

The County Council is the Local Authority under the above Act for certain administrative purposes.

The duties to be performed by the Local Authority necessitate enquiry as to the conduct of widows in relation to the desertion, abandonment or non-support of children.

The County Council decided that, having regard to the nature of the enquiries, it was thought desirable that they should be undertaken by women, and accordingly any investigations are carried out by the women inspectors. In every case the report of the Health Visitor in the area is also considered. No investigations were made during 1935.

Distress Fund.

In 1924, the County Council passed the following resolution:—

“That one year's interest on the capital sum representing the balance of the West Riding ‘Distress Fund be applied by the County Council, through their Public Health and Housing Committee, towards the alleviation of cases of distress disclosed in connection with the work of the ‘Child Welfare and Tuberculosis Sub-Committees.’”

During 1935, a sum of £137 1s. 2d. was authorised to be paid from this fund in respect of provision of appliances, splints, abdominal belts, etc. (£37 14s. 4d.), payment for massage treatment (£39 3s. 4d.), fares to hospitals (£58 14s. 10d.) and provision of clothing (£1 8s. 8d.).

Expenditure on Maternity and Child Welfare Services.

(Gross expenditure less incidental income excluding government grants.)

	1924-25	1925-26	1926-27	1927-28	1928-29	1929-30	1930-31	1931-32	1932-33	1933-34	1934-35	1935-36
	£	£	£	£	£	£	£	£	£	£	£	£
Maternity	3,097	3,592	5,644	7,833	9,185	12,926	22,007	26,211	30,713	33,301	34,066	37,785
Child Welfare	2,000	2,491	3,020	3,565	4,499	4,604	4,924	7,000	6,193	6,379	6,197	7,378
Not specifically allocated between (a) and (b) ...	15,151	16,146	18,515	19,264	19,471	21,807	21,365	23,304	24,340	24,386	25,041	27,536
Total cost of issue of Milk (ried milk)	396 (credit)	141 (credit)	5,134	931	3,291	6,988	8,554	9,200	7,665	7,308	7,370	7,588

NOTE.—The percentage grants-in-aid of health services were discontinued after the 31st day of March, 1930, and in lieu thereof a general exchequer grant is receivable towards the general expenditure of the County Council.

PART IV.
TUBERCULOSIS SCHEME.

DR. G. S. JOHNSTON.—Chief Clinical Tuberculosis Officer.

Mortality from Tuberculosis of the Respiratory System.
(Pulmonary Tuberculosis).

Year	West Riding Administrative County						England & Wales Death- rate
	Total No. of Deaths			Death-rate per 1,000 of population			
	County	Urban	Rural	County	Urban	Rural	
1925	1081	826	255	0·70	0·72	0·65	0·83
1926	966	736	230	0·62	0·65	0·56	0·77
1927	981	739	242	0·65	0·68	0·57	0·79
1928	926	706	220	0·61	0·64	0·51	0·76
1929	1011	747	264	0·66	0·68	0·62	0·79
1930	876	673	203	0·57	0·62	0·46	0·74
1931	882	632	250	0·57	0·58	0·56	0·74
1932	806	617	189	0·52	0·57	0·42	0·69
1933	745	545	200	0·49	0·50	0·45	0·69
1934	671	513	158	0·44	0·47	0·35	0·64
Average for 10 years, 1925-34	894	673	221	0·58	0·61	0·51	0·74
1935	734	529	205	0·48	0·49	0·45	0·61

Mortality from Other Forms of Tuberculosis.

Year	West Riding Administrative County						England & Wales Death- rate
	Total No. of Deaths			Death-rate per 1,000 of population			
	County	Urban	Rural	County	Urban	Rural	
1925	396	307	89	0·26	0·27	0·23	0·21
1926	348	258	90	0·22	0·23	0·22	0·19
1927	323	246	77	0·21	0·23	0·18	0·18
1928	342	246	96	0·22	0·22	0·22	0·17
1929	321	223	98	0·21	0·20	0·23	0·17
1930	309	213	96	0·20	0·20	0·22	0·16
1931	253	164	89	0·16	0·15	0·20	0·15
1932	264	182	82	0·17	0·17	0·18	0·15
1933	218	157	61	0·14	0·14	0·14	0·13
1934	181	131	50	0·12	0·12	0·11	0·13
Average for 10 years, 1925-34	295	212	82	0·19	0·19	0·19	0·16
1935	157	109	48	0·10	0·10	0·11	0·11

Tuberculosis Deaths at different periods of Life.

			Sex.	Age Groups.										All Ages	
				Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75		75 and up-wards
RESPIRATORY TUBERCULOSIS			M.	2	1	2	6	31	55	58	67	67	26	1	316
Urban Districts ...			F.	1	—	2	2	65	63	38	27	10	4	1	213
Rural Districts ...			M.	1	1	1	3	21	20	20	20	19	10	3	119
			F.	—	2	—	2	18	28	15	10	10	1	—	86
County ...				4	4	5	13	135	166	131	124	106	41	5	734
OTHER TUBERCULOUS DISEASES—			M.	9	5	9	7	8	9	7	4	4	1	—	63
Urban Districts ...			F.	1	6	5	8	11	5	4	3	—	3	—	46
Rural Districts ...			M.	2	3	6	4	2	4	3	1	2	1	—	28
			F.	2	3	1	6	3	2	1	1	—	—	1	20
County ...				14	17	21	25	24	20	15	9	6	5	1	157

MALES: Deaths from Pulmonary Tuberculosis at different periods of life.

COMPARISON OF THE QUINQUENNIAL PERIODS, 1926 TO 1930, AND 1931 TO 1935.

AGE GROUPS										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	All ages		
1926	4	13	17	85	215	161	23	518		
1927	2	14	18	88	188	184	20	514		
1928	1	9	17	80	197	170	22	496		
1929	5	6	24	95	216	199	30	575		
1930	1	4	7	81	183	191	20	487		
Total Deaths for the 5 years ...	13	46	83	429	999	905	115	2,590		
Average for the 5 years...	2.6	9.2	16.6	85.8	199.8	181	23	518		
% in each age group to total deaths (actual)	0.50	1.77	3.20	16.57	38.58	34.94	4.44	100		
1931	3	8	12	78	196	164	20	481		
1932	1	5	6	89	156	167	25	449		
1933	—	7	5	67	167	150	14	410		
1934	1	1	2	52	148	136	33	373		
1935	3	5	9	52	153	173	40	435		
Total Deaths for the 5 years ...	8	26	34	338	820	790	132	2,148		
Average for the 5 years...	1.6	5.2	6.8	67.6	164	158	26.4	429.6		
% in each age group to total deaths (actual)	0.37	1.21	1.58	15.74	38.18	36.78	6.14	100		

FEMALES: Deaths from Pulmonary Tuberculosis at different periods of life.

COMPARISON OF THE QUINQUENNIAL PERIODS, 1926 TO 1930, AND 1931 TO 1935.

AGE GROUPS										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	All ages		
1926	1	7	27	128	299	71	15	548		
1927	2	9	18	130	194	94	20	467		
1928	—	6	33	147	162	18	430	467		
1929	1	7	21	126	199	68	14	436		
1930	1	1	18	134	168	52	15	389		
Total Deaths for the 5 years ...	5	30	117	665	1,022	349	82	2,270		
Average for the 5 years...	1	6	23.4	133	204.4	69.8	16.4	454		
% in each age group to total deaths (actual)	0.22	1.32	5.15	29.30	45.02	15.38	3.61	100		
1931	2	3	15	130	159	74	18	401		
1932	—	3	14	110	165	48	17	357		
1933	—	5	12	99	146	61	12	335		
1934	—	1	4	98	129	51	15	298		
1935	1	4	4	83	144	57	6	299		
Total Deaths for the 5 years ...	3	16	49	520	743	291	68	1,690		
Average for the 5 years...	0.6	3.2	9.8	104	148.6	58.2	13.6	338		
% in each age group to total deaths (actual)	0.18	0.95	2.89	30.77	43.96	17.22	4.03	100		

MALES: Deaths from other Tuberculous Diseases at different periods of life.

COMPARISON OF THE QUINQUENNIAL PERIODS, 1926 TO 1930, AND 1931 TO 1935.

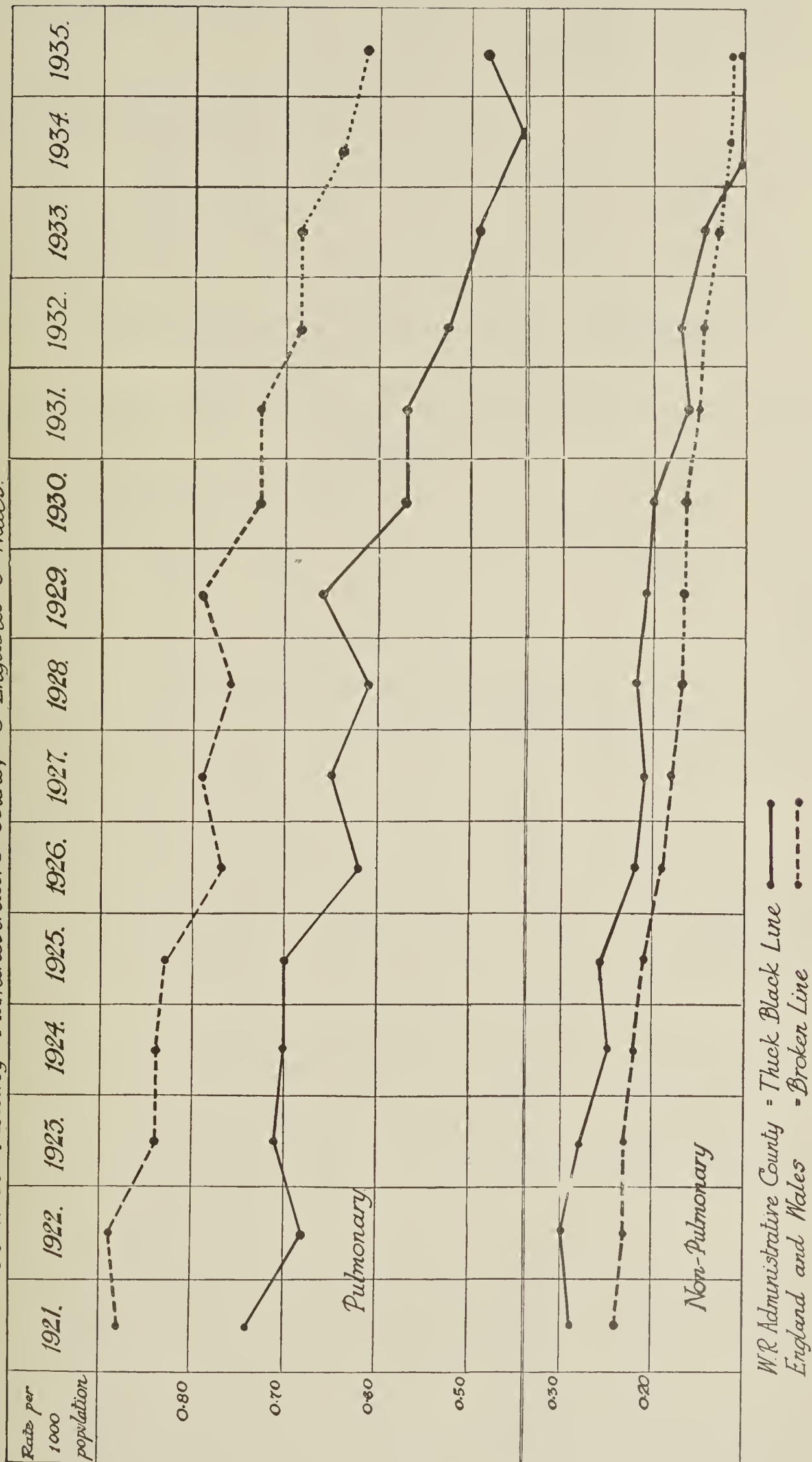
AGE GROUPS										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	All ages		
1926	21	56	34	23	31	19	5	189		
1927	28	46	32	23	19	26	1	175		
1928	26	52	29	26	26	16	7	182		
1929	17	53	26	22	33	20	3	174		
1930	20	48	29	24	21	27	4	173		
Total Deaths for the 5 years ...	112	255	150	118	130	108	20	893		
Average for the 5 years...	22.4	51	30	23.6	26	21.6	4	178.6		
% in each age group to total deaths (actual)	12.54	28.56	16.80	13.21	14.56	12.09	2.24	100		
1931	19	30	21	25	22	17	4	138		
1932	13	38	21	30	28	8	2	140		
1933	10	34	16	15	22	14	8	119		
1934	9	32	18	10	19	9	4	101		
1935	11	23	11	10	23	11	2	91		
Total Deaths for the 5 years ...	62	157	87	90	114	59	20	589		
Average for the 5 years...	12.4	31.4	17.4	18	22.8	11.8	4	117.8		
% in each age group to total deaths (actual)	10.52	26.66	14.77	15.28	19.36	10.01	3.40	100		

FEMALES: Deaths from other Tuberculous Diseases at different periods of life.

COMPARISON OF THE QUINQUENNIAL PERIODS, 1926 TO 1930, AND 1931 TO 1935.

AGE GROUPS										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	All ages		
1926	16	40	26	30	29	13	5	159		
1927	11	37	28	26	18	22	6	148		
1928	19	36	33	25	32	13	2	160		
1929	6	35	31	29	19	18	9	147		
1930	11	37	33	19	18	16	2	136		
Total Deaths for the 5 years ...	63	185	151	129	116	82	24	750		
Average for the 5 years...	12.6	37	30.2	25.8	23.2	16.4	4.8	150		
% in each age group to total deaths (actual)	8.40	24.66	20.14	17.20	15.47	10.93	3.20	100		
1931	13	35	16	23	13	9	6	115		
1932	17	26	16	25	25	13	7	129		
1933	3	21	20	16	25	7	7	99		
1934	3	21	21	11	9	10	5	80		
1935	3	15	14	14	12	4	4	66		
Total Deaths for the 5 years ...	39	118	87	89	84	43	29	489		
Average for the 5 years...	7.8	23.6	17.4	17.8	16.8	8.6	5.8	97.8		
% in each age group to total deaths (actual)	7.97	24.14	17.79	18.20	17.18	8.79	5.93	100		

CHART SHEWING MORTALITY FROM TUBERCULOSIS DURING THE YEARS 1921-1935
in West Riding Administrative County & England & Wales.



Tuberculosis Mortality—Comparison of Dispensary Areas.

Dispensary Area and Centre.	Estimated Population (mid. 1935)	DEATHS.				DEATH RATES PER 1000 ESTIMATED POPULATION		Percentage of deaths from Non-pulmonary Tuberculosis in children under 10 to total deaths from Non-pulmonary Tuberculosis (all ages)*
		Pulmonary		Non-Pulmonary		Pulmonary	Non-Pulmonary	
		M.	F.	M.	F.			
No. 1. (Skipton) ..	142,048	35	32	9	2	0·47	0·07	27·3
No. 2. (Harrogate)	159,943	40	22	7	12	0·38	0·12	26·3
No. 3. (Doncaster)	395,472	133	98	30	24	0·58	0·13	64·8
No. 4. (Barnsley) ..	477,431	122	84	25	15	0·43	0·08	32·5
No. 5. (Sowerby Bridge) ...	360,706	105	63	20	13	0·46	0·09	27·3
County Totals .	1,535,600	435	299	91	66	0·48	0·10	41·4

* Compiled from returns of deaths from tuberculosis (all forms) obtained from Local Registrars of Births and Deaths.

NOTIFICATION OF TUBERCULOSIS.

Notifications received during the period 1922—1935 under the Public Health (Tuberculosis) Regulations.

Year.								Pulmonary Cases.		Non-Pulmonary Cases.		Total
								M.	F.	M	F.	
Average 5 years, 1922-1926	...	...	...	...	...	...	...	1321	1120	377	354	3172
" " 1927-1931	...	...	...	...	...	...	...	1142	886	429	360	2817
1932	...	...	...	...	...	...	...	693	591	286	264	1834
1933	...	...	...	...	...	...	...	770	606	276	247	1899
1934	...	...	...	...	...	...	...	663	530	290	266	1749
1935	...	...	...	...	...	...	...	588	466	252	223	1529

Public Health (Tuberculosis) Regulations 1930.

Summary of Notifications during the period from the 1st January, 1935, to the 31st December, 1935, in the area of the West Riding Administrative County.

Age periods.						Formal Notifications											Total Notifications
						Number of Primary Notifications of new cases of Tuberculosis											
						0	1 —	5 —	10—	15 —	20 —	25 —	35—	45	55	65		Total (all ages)
Pulmonary	Males	...	...	...	2	4	30	37	50	70	118	104	91	64	18	588	602
	Females	...	...	...	—	6	16	28	66	85	123	79	35	25	3	466	493
Non-pulm.	Males	...	...	...	5	36	59	49	17	24	27	19	8	6	2	252	254
	Females	...	...	...	2	22	46	34	27	20	26	28	11	4	3	223	227

PART II.—SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age period.					0--	1—	5—	10—	15—	20—	25—	35—	45—	55—	65 -	Total
Pulmonary	Males	...	...	...	—	—	1	1	3	8	14	15	20	25	8	95
	Females	...	...	...	2	1	—	2	6	11	17	16	3	3	4	65
Non-pulm.	Males	...	...	...	7	12	15	7	2	—	7	10	3	4	2	69
	Females	...	...	...	2	14	7	2	3	2	4	3	2	—	3	42

The source or sources from which information as to the above-mentioned cases was obtained are given below:—

Source of Information.	No. of Cases	
	Pulm.	Non-Pulm.
Death Returns } from local Registrars	88	63
} transferable deaths from Registrar General	23	32
Posthumous notifications	14	7
"Transfers" from other areas (other than transferable deaths)	34	9
Other sources	1	—

PART III.—NOTIFICATION REGISTER.

	Pulmonary			Non-pulmonary			Total cases
	m.	f.	Total	m.	f.	Total	
Number of cases of Tuberculosis remaining at the 31st December, 1935 on the Registers of Notifications kept by District Medical Officers of Health in the County.	5303	4011	9314	2411	2019	4430	13744
Number of cases <i>removed</i> from the Registers during the year by reason inter alia of:—							
1. Withdrawal of Notification	32	32	64	20	8	28	92
2. Recovery from the disease	234	177	411	116	140	256	667
3. Death	359	241	600	45	49	94	694

Notified Cases in the West Riding in December, 1934 and 1935.

	Pulmonary.		Non-Pulmonary.		Totals.
	Males.	Females.	Males.	Females.	
No. of cases on registers of local Medical Officers of Health at end of 1934	5,656	4,161	2,437	2,036	14,290
New Cases notified in 1935	683	531	321	265	1,800
Cases removed from registers during 1935 ...	1,036	681	347	282	2,346
No. of cases on registers of local Medical Officers of Health at end of 1935	5,303	4,011	2,411	2,019	13,744

Dispensary Scheme.

The year's record of work in the prevention and treatment of tuberculosis in the administrative area shows steady and satisfactory progress. There has been a continuous decline in the phthisis death-rate in the West Riding during the past ten years, *vide* table on page 109. The total deaths from tuberculosis (all forms) in the County during 1935 was 891. Respiratory tuberculosis accounted for 734 deaths (an increase of 63 compared with 1934) representing a death-rate of 0.48 per thousand of the population. The total deaths from non-pulmonary tuberculosis was 157 giving a rate of 0.10 per thousand.

The death rate for England and Wales for 1935 was, pulmonary tuberculosis 0.6 per thousand and non-pulmonary tuberculosis 0.11 per thousand. The non-pulmonary death-rate is the lowest on record for the West Riding, and it is satisfactory to note that the steady decline in deaths from surgical tuberculosis in the early childhood age-groups which has taken place during the past few years has continued. The deaths from surgical tuberculosis in children under 15 have been reduced from 134 in 1931 to 77 in 1935. It is probable that this satisfactory result is due in some measure to the improved methods of treatment and the earlier observation of cases. The slight increase in the number of pulmonary deaths for 1935 compared with the figure for 1934 is accounted for almost entirely by a higher mortality rate among males in age-group 45-65; in this group we find a total of 173 deaths recorded as compared with 136 in 1934.

With regard to the phthisis death-rate in women, there has been a substantial reduction during the past five years in the number of deaths in age-group 15 and under 25. It will be noted from the table on page 110 that there is a tendency for a higher mortality in age-groups 25-45.

Under the Tuberculosis Regulations notifications relating to 1,054 new cases of pulmonary tuberculosis were received during the year; 906 or 85.9% of these were referred to the dispensary and examined by the dispensary medical staff. Of the pulmonary cases attending the dispensaries for the first time during 1935, 427 or 49.1% were found to have a positive sputum and death occurred before the end of 1935 in 101 cases.

Although the National Health Insurance Scheme with its certification and examination by the panel practitioner assists in discovering cases of tuberculosis which would otherwise be missed, there is still a large number of patients who defer seeking advice until it is too late. Whether reluctance to attend the family practitioner or the dispensary is due to ignorance or fear is difficult to determine. The only way to deal with this problem is by continuing a vigorous propaganda campaign to educate the public by lectures, press articles, cinema displays, instruction in schools, etc., in the value of early recognition of the disease and the means of prevention.

These late notification cases together with the return of advanced cases from sanatorium to unsatisfactory home conditions are the weak links in the tuberculosis scheme. There is still evidence of much overcrowding in the West Riding, particularly in the industrial areas (*vide* environmental table). Of the 1,535 infectious pulmonary cases attending the dispensaries there were 58 patients from houses where more than one family reside, 411 instances where they slept two in a bed and nine where worse conditions prevailed. The provision of open-air shelters fulfils a useful purpose by providing separate sleeping accommodation for tuberculous patients

living in overcrowded areas, enabling them to take full advantage of living in the open air and reducing the risk of infecting other members of the household. During the year, 101 shelters were in occupation. A total of 101 is available under the scheme.

The number of definite cases on the dispensary registers at the end of 1935 was 9,510. This represents a reduction of 622 cases during the preceding twelve months. Pulmonary cases number 6,682, 1,535 of which are known to have "positive" sputum. During 1935, 935 cases were marked off the register "recovered," 635 were reported to have died, and 556 were found to have no further need of assistance under the County scheme, had left the district, or were lost sight of.

It has been observed that cases of pulmonary tuberculosis coming to the notice of the Tuberculosis Officer for the first time frequently give a history of pleurisy. If this disease was made notifiable it might have the effect of bringing to light a much higher proportion of early cases of phthisis than we get at present and the results of treatment would be distinctly more encouraging.

There has been during the past few years a definite improvement in the treatment of gland cases. Apart from the improvement in our milk supply, which has undoubtedly lessened the incidence of this disease in children, modern methods of treatment—actino-therapy, etc., have had their effect. It is now very rarely we see, especially in the younger generation, those disfiguring operation scars which were so frequent only a few years ago.

The cordial relationship between the tuberculosis dispensary staff and medical practitioners has continued. The number of practitioners making use of the consultant service has steadily increased, and this makes for a better understanding and an improvement of the work done. The co-operation with the school medical officers and medical officers of the ante-natal clinics has been very satisfactory. These medical officers are encouraged to make use of the dispensary service as much as possible, particularly in cases in which an X-ray examination might be of assistance.

Examination of the statistics on page 116 indicates an improved dispensary service as noted from the increase of new cases and contacts examined, the larger number of consultations taking place between Tuberculosis Officers and Medical Practitioners, and the increasing number of X-ray and sputum examinations.

Tuberculin was administered to 143 patients suffering from tuberculosis of the lungs and pleura, and non-pulmonary tuberculosis, including bones, abdomen, eyes, lupus, genito-urinary organs, and glands. A summary of the results of this treatment is as follows:—

- 5 Apparently recovered and well.
- 19 Arrested.
- 29 Quiescent.
- 18 Very much improved.
- 6 Improvement maintained.
- 43 Improving.
- 7 Satisfactory condition.
- 7 I.S.Q.
- 8 Indefinite.
- 1 Active.

Tuberculin was also used as a routine test of most children attending the dispensaries for their first examination.

Solganal B. Olcosum was administered in four cases. One showed much improvement, two some improvement, and the other no improvement.

ARTIFICIAL PNEUMOTHORAX.

During the year five cases of artificial pneumothorax were induced at the dispensaries, and 415 pneumothorax re-fills were given.

In the five new cases the following are the results:—

- 2 For the purpose of diagnosis which in both cases proved to be tumours (simple and malignant).
- 1 Removed to sanatorium after induction, became 'quiescent' and is now having re-fills at the dispensary.
- 1 Shows steady progress.
- 1 Prognosis not so good, but the treatment has been justified by the definite improvement in the patient's condition.

The results in the 415 re-fills given to 39 patients are as follows:—

- 2 Arrested.
- 3 Quiescent.
- 12 Doing well.
- 7 Improved.
- 4 Satisfactory.
- 2 No change.
- 4 Treatment discontinued.
- 2 Re-admitted to sanatorium.
- 1 Died/
- 2 Left the district.

Dispensary attendances of old and new cases (including contacts) during the years 1931-1935 (inclusive) :—

New cases examined :—

	1931	1932	1933	1934	1935
(a) Contacts	1,176	1,334	1,025	1,282	1,425
(b) Others	3,605	3,342	3,469	3,210	4,274
Attendances (all cases)	37,019	34,266	33,646	32,990	30,992

Of the applications for treatment during the year :—

1,434 were recommended Sanatorium Treatment

214 „ „ Hospital „

75 „ „ Dispensary „

1,350 „ „ Dispensary Supervision

444 „ referred to their own Doctor.

The total number of definite cases of tuberculosis on the dispensary registers on the 31st December, 1935, was 9510.

Table shewing the work of the Dispensaries during 1935.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous	392	333	62	32	78	87	107	73	470	420	169	105	1164
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	111	79	77	57	324
(c) Non-tuberculous	—	—	—	—	—	—	—	—	708	588	325	335	1956
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous	16	39	15	17	3	5	26	6	19	44	41	23	127
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	13	16	48	29	106
(c) Non-tuberculous	—	—	—	—	—	—	—	—	158	263	320	376	1117
C.—CASES written off the Dispensary Register as:—													
(a) Recovered	219	142	122	86	28	43	153	142	247	185	275	228	935
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	966	947	756	829	3498
D.—NUMBER OF CASES on Dispensary Register on December 31st:—													
(a) Definitely tuberculous	3218	2079	743	642	455	426	1091	856	3673	2505	1834	1498	9510
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	139	109	131	95	474
1. Number of cases on Dispensary Register on January 1st				10693	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years				121				
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"				556	4. Cases written off during the year as Dead (all causes)				635				
5. Number of attendances at the Dispensary (including Contacts)				30992	6. Number of Insured Persons under Domiciliary Treatment on the 31st December				573				
7. Number of consultations with medical practitioners:—					8. Number of visits by Tuberculosis Officers to homes (including personal consultations)				3818				
(a) Personal				1185									
(b) Other				5155									
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes				36205	10. Number of:—								
					(a) Specimens of sputum, etc., examined				3744				
					(b) X-ray examinations made				4046				
					in connection with Dispensary work								
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above				20	12. Number of "T.B. plus" cases on Dispensary Register on December 31st				1535				

Revision of Dispensary Registers, 1935.

Dispensary or Branch	Patients on Dispensary Register 1/1/35				Cases Transferred or lost sight of in 1935				Cases written off as recovered in 1935				Deaths reported in 1935				Patients on Dispensary Register 31/12/35			
	Diagnosis completed		Diagnosis not completed		Pulm.		Non-P.		Pulm.		Non-P.		Pulm.		Non-P.		Diagnosis completed		Diagnosis not completed	
	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.
Area No. 1.																				
Skipton	108	30	1	—	11	2	3	2	—	—	—	—	12	—	106	29	4	1	—	—
Barnoldswick	100	22	3	—	1	—	2	2	—	—	—	—	6	—	113	28	4	1	—	—
Clitheroe	21	7	—	2	—	—	—	—	—	—	—	—	2	—	21	8	—	—	—	—
Otley	162	27	5	—	8	3	3	7	—	—	—	—	18	4	184	44	4	2	—	—
Settle	44	23	—	—	2	3	1	—	—	—	—	—	8	—	43	10	—	—	—	—
Area No. 2.																				
Harrogate	149	86	5	1	12	3	5	4	—	—	—	—	19	1	139	93	5	1	—	—
Garforth	82	48	1	—	7	1	2	2	—	—	—	—	8	—	89	55	6	—	—	—
Ripon	28	17	—	2	1	—	—	—	—	—	—	—	4	—	23	14	—	—	—	—
Selby	39	35	6	3	3	1	1	1	—	—	—	—	5	2	44	36	2	—	—	—
Tadcaster	17	16	—	—	1	1	2	1	—	—	—	—	1	2	12	18	1	1	—	—
Area No. 3.																				
Doncaster	533	178	50	10	88	29	115	46	—	—	—	—	41	4	419	158	38	9	—	—
Goldthorpe	328	134	31	1	20	7	6	6	—	—	—	—	21	1	311	132	24	—	—	—
Goole	195	60	19	1	13	5	23	11	—	—	—	—	17	—	175	61	11	2	—	—
Hemsworth	229	74	31	3	10	—	15	3	—	—	—	—	14	—	199	71	18	2	—	—
Mexborough	620	261	37	5	25	9	45	21	—	—	—	—	25	4	591	242	33	3	—	—
Pontefract	594	200	62	7	15	4	42	14	—	—	—	—	70	12	591	213	59	7	—	—
South Kirkby	221	91	26	7	17	6	45	20	—	—	—	—	14	2	131	56	16	2	—	—
Thorne	271	108	21	4	31	4	15	5	—	—	—	—	13	—	232	109	10	2	—	—
Area No. 4.																				
Barnsley	556	233	29	12	21	8	59	34	—	—	—	—	43	4	498	222	16	10	—	—
Batley	144	64	2	1	8	3	4	2	—	—	—	—	11	1	138	71	5	1	—	—
Dinnington	206	84	9	1	8	2	5	18	—	—	—	—	7	1	204	73	15	1	—	—
Liversedge	112	46	5	2	4	1	3	2	—	—	—	—	16	3	102	44	2	—	—	—
Morley	110	53	3	—	4	3	—	3	—	—	—	—	7	1	112	53	2	—	—	—
Normanton	113	42	8	3	3	1	4	3	—	—	—	—	12	—	107	45	3	2	—	—
Penistone	46	19	1	—	—	—	5	9	—	—	—	—	4	—	39	14	1	1	—	—
Pudsey	76	36	4	1	1	1	1	2	—	—	—	—	9	1	80	37	4	—	—	—
Rotherham	667	256	24	3	30	6	39	21	—	—	—	—	25	3	638	247	21	3	—	—
Rothwell	70	31	3	—	2	1	—	1	—	—	—	—	6	1	76	27	4	1	—	—
Stocksbridge	136	57	3	2	3	—	16	16	—	—	—	—	8	—	122	43	4	2	—	—
Wadsley Bridge	128	64	5	1	9	4	7	7	—	—	—	—	5	—	119	58	1	—	—	—
Wakefield	220	82	11	3	5	4	20	11	—	—	—	—	19	2	195	82	12	5	—	—
Area No. 5.																				
Sowerby Bridge.	106	71	21	1	8	3	1	2	—	—	—	—	15	—	119	84	27	3	—	—
Brighouse	51	37	3	—	1	—	4	10	—	—	—	—	11	—	50	31	9	—	—	—
Huddersfield	231	148	9	1	9	4	20	47	—	—	—	—	32	1	224	127	9	2	—	—
Keighley	199	66	23	4	19	6	20	9	—	—	—	—	20	3	182	73	18	2	—	—
Shipley	145	39	3	—	12	5	26	10	—	—	—	—	20	—	128	37	9	—	—	—
Todmorden	90	53	8	—	9	2	4	2	—	—	—	—	9	—	82	55	5	1	—	—
Uppermill	47	40	7	1	2	1	6	12	—	—	—	—	6	1	44	28	5	—	—	—
	7194	2938	479	82	423	133	569	366	27	14	583	52	6682	2828	407	67				

LIST OF TUBERCULOSIS DISPENSARIES, SHEWING DISPENSARY ADDRESSES AND TIMES OF SESSIONS (Revised June, 1936).

County Medical Officer: T. N. V. POTTS, M.D., County Hall, Wakefield.

Chief Tuberculosis Officer: G. S. JOHNSTON, M.D., County Hall, Wakefield.

Situation of Chief Dispensary or Branch.	Day and Time of Session	Sanitary Districts included in Area.	Medical Staff.
AREA No. 1. 54, Keighley Road, Skipton (Tel. 31). Whiteley Croft, Otley (Telephone 218).	Mondays, 10 a.m. Fridays, 10 a.m. Thursdays, 10 a.m. and 2 p.m.	Skipton U., Silsden U., Skipton R. Otley U., Hkley U., Burley U., Guiseley U., Yeadon U., Rawdon U., Horsforth U., Wharfedale R.	Consultant Tuberculosis Officer: H. E. Raeburn, M.D., M.B., B.S. Assistant Tuberculosis Officer: E. A. Wilson, M.D., M.R.C.S., L.R.C.P.
2, Manchester Road, Barnoldswick. 32a, King Street, Clitheroe. St. John Ambulance Rooms, Settle.	Tuesdays, 10 a.m. and 2 p.m. Last Wednesday in month, 11-30 a.m. First Wednesday in month, 11 a.m.	Barnoldswick U., Earby U., Bowland R. (part). Bowland R. (part). Settle R., Sedbergh R.	
AREA No. 2. 10, North Park Road, Harrogate (Telephone 5339) 44, Ousegate, Selby.	Tuesdays & Thursdays 2 p.m.; Mondays, 10 a.m.	Harrogate B., Knaresborough U., Knaresborough R., Pateley Bridge R., Wetherby R., Great Ouseburn R., Selby U., Selby R.	Assistant Tuberculosis Officer: G. A. Crowley, B.A., M.D., B.Ch., D.P.H.
Child Welfare Centre, Westgate, Tadcaster. 4, College Road, Ripon.	First Wednesday in month, at 10-30 a.m. First and Third Thursday in month, 10 a.m. Friday, 10-30 a.m.	Tadcaster R. (part), Bishopthorpe R. Ripon C., Ripon R. Garforth U., Tadcaster R. (part)	
14, Hilderthorpe Terrace, Garforth. AREA No. 3. Merton House, 20, Christchurch Road, Doncaster (Telephone 1172).	Mondays, 2 and 7 p.m.	Adwick-le-Street U., Bentley U., Tickhill U., Doncaster R. (less Denaby and Adwick) Goole U., Goole R. Thorne R.	Consultant Tuberculosis Officer: V. Ryan, M.D., M.B., B.Ch., B.A.O., D.P.H.
37, Hook Road, Goole Thorne Hall, Thorne The Lindens, Linden Terrace, Tanshelf, Pontefract (Telephone 88).	Mondays, 10-30 a.m. Fridays, 10 a.m. Tuesdays, 2 & 6-30 p.m.	Pontefract B., Methley U., Featherstone U., Whitwood U., Castleford U., Knottingley U., Pontefract R., Mexborough U., Conisborough U., Swinton U., Wath U., Denaby and Adwick Parishes. Bolton-on-Deane U., Thurnscoe U. Hemsworth U. Hemsworth R. (part) Hemsworth R. (part)	Assistant Tuberculosis Officers: A. Leitch, M.B., Ch.B., D.P.H. T. W. Ruttledge, M.B., Ch.B., D.P.H.
Exchange Buildings, Market Street, Mexborough	Wednesdays, 10 a.m.		
8, Goldthorpe Road, Goldthorpe Plimsoll Street, Hemsworth The Green, South Kirkby	Thursdays, 10 a.m. Thursdays, 10 a.m. Fridays, 10 a.m.		
AREA No. 4. 46, Church Street, Barnsley (Telephone 802).	Weds., 10 a.m. & 2 p.m. Fridays, 10 a.m.	Cudworth U., Darfield U., Darton U., Dodworth U., Hoyland Nether U., Royston U., Wombwell U., Worsborough U., Barnsley R. Penistone U., Gunthwaite U., Hoylandswaine U., Thurlstone U. Penistone R.	Consultant Tuberculosis Officer: H. A. Crowther, M.A., M.R.C.S., L.R.C.P.
Wesleyan Sunday School, Penistone	First Thursday in month, 2 p.m.		
5, Almshouse Lane, Wakefield.	Tuesdays and Fridays, 2 p.m. Tuesdays, 10 a.m. Mondays, 10 a.m. Thursdays, 2 p.m. *Second Tuesday in month at 6 p.m.	Horbury U., Stanley U., Wakefield R., Ossett B. (part) Altofts U., Normanton U. Rothwell U., Hunslet R. Batley B., Hunsworth U., Ossett B. (part), Birstall U., Birkenshaw U.	Assistant Tuberculosis Officers: E. J. C. Groves, M.B., Ch.B. J. Wood-Wilson, M.D., D.P.H. S. P. Wilson, M.D., D.P.H.
Wellington House, High Street Morley Old Town Hall, Knowler Hill, Liversedge Wesley Chambers, Lidgett Hill, Pudsey Carnson House, Moorgate Road, Rotherham (Telephone 59). 162, Lorden's Hill, Dinnington Urban District Council Offices, Stocksbridge 102, Parson Cross Rd., Wadsley Bridge.	Thursdays, 10 a.m. Fridays, 10 a.m. Tuesdays, 2 p.m. Fridays, 10 a.m. and 2 p.m. Tuesdays, 10 a.m. Mondays, 2 p.m.	Morley B., Gildersome U., Ardsley E. and W. U., Drighlington U. Spenborough U., Heckmondwike U. Calverley U., Farsley U., Pudsey B. Maltby U., Rawmarsh U., Rotherham R. Kiveton Park R. Stocksbridge U., Wortley R. (part)	
AREA No. 5. Myrtle Villa, Greenups Terrace, Sowerby Bridge (Telephone 81221).	Thursdays, 10-30 a.m.	Wortley R. (part)	
	Tuesdays, 10 a.m. Thursdays, 2 p.m.	Sowerby U., Barkisland U., Greetland U., Luddendenfoot U., Midgley U., Rishworth U., Scammonden U., Soyland U., Stainland U., Queensbury U. Halifax R. (part).	Consultant Tuberculosis Officer: S. R. Wilson, M.D., M.B., Ch. B., D.P.H.
Masonic Hall, Todmorden.	Fridays, 2 p.m.	Todmorden B., Mytholmroyd U., Hebden Bridge U., Todmorden R.	Assistant Tuberculosis Officers: J. E. Gething, B.A., M.B., Ch.B. A. D. Rankin, M.B., Ch.B., D.P.H.
143, Skipton Road, Keighley	Mondays, 2 p.m., and Wednesdays, 1 p.m.	Keighley B., Keighley R., Haworth U., Oakworth U., Oxenhope U., Denholme U.	
1, Peel Street, Huddersfield (Telephone 3641—Extension 8).	Tuesdays, 2 p.m. Fridays, 2 p.m.	Emley U., Flockton U., Golcar U., Linthwaite U., Thurstonland and Farnley Tyas U., South Crosland U., Lepton U., Whitley Upper U., Kirkburton U., Kirkheaton U., Skelmanthorpe U., Mirfield U., Shelley U., Shepley U., Clayton West U., Denby and Cumberworth U., Holme U., Honley U., Holmfirth U., New Mill U., Marsden U., Meltham U., Slaithwaite U. Saddleworth U., Springhead U.	
Court Street, Uppermill Mill House, Bradford Road, Brighouse	1st and 3rd Thursdays, 10 a.m. Fridays, 10 a.m.	Brighouse B., Hipperholme U., Elland U., Shelf U., Southowram U. Halifax R. (part). Baildon U., Bingley U., Shipley U.	
Farr Royd, Otley Road, Shipley	Mondays, 10 a.m. and first Wednesday in month at 5-30 p.m.		

* Held at Staincliffe Institution.

Applications for Treatment, 1935.

	Kind of Treatment Granted.				Cases referred to own Medical Attendant.	Totals.
	Sanatorium.	Hospital.	Dispensary Treatment.	Dispensary Supervision.		
New Cases	858	115	51	320	111	1,455
Old Cases reconsidered	576	99	24	1,030	333	2,062
Totals ...	1,434	214	75	1,350	444	3,517

Summary of Dispensary Work, 1935.

Dispensary Area.	Number of Consultations with Practitioners.	Domiciliary visits paid by Dispensary Nurses and Health Visitors to old and new cases.	Visits paid by Consultant and Assistant Tuberculosis Officers to patients at their homes.	Attendances made by old and new patients.
Area No. 1	667	4,875	645	3,637
Area No. 2	521	2,363	340	2,366
Area No. 3	2,409	10,476	756	7,109
Area No. 4	2,332	11,826	1,001	9,417
Area No. 5	411	6,665	1,076	8,463
Totals	6,340	36,205	3,818	30,992

Home Visitation by Dispensary Staff.

Year.	Visits by Tuberculosis Officers.	Visits by Dispensary Nurses.	Visits by Health Visitors.
1931	2422	36889	5073
1932	3232	33092	5177
1933	2989	29694	5175
1934	3686	30742	5199
1935	3818	30511	5694

Tuberculosis Cases in Public Assistance and Other Institutions.

During the year 238 cases in County Institutions and local Infirmaries were seen by the Tuberculosis Officers. The following table shews the action taken under the Tuberculosis Scheme. It will be noted that 132 cases or 55% were recommended for institutional treatment.

Dispensary Area.	No. of Cases seen by Tuberculosis Officers.		Action taken under County Council Scheme.			
	Pul.	Non.-Pul.	Institutional Treatment	Dispensary Treatment or Supervision	Referred to Own Medical Attendant	Remarks.
No. 1 (Skipton)	6	8	11	—	1	2 Non-tuberculous.
No. 2 (Harrogate)	18	26	21	2	7	10 Non-Tuberculous. 2 Outside area. 1 Died. 1 Refused treatment.
No. 3 (Doncaster)	39	22	45	1	1	12 Non-Tuberculous. 1 Died. 1 No action necessary.
No. 4 (Barnsley)	45	39	40	13	1	6 Died. 24 No action necessary.
No. 5 (Sowerby Bridge)	7	28	16	17	2	
TOTAL ...	115	123	132	33	12	

X-Ray Examination.

X-Ray plants are now established at the following centres:—Barnsley, Batley, Doncaster, Pontefract, Rotherham and Sowerby Bridge. In the absence of a conveniently situated county plant in the Skipton and Clitheroe areas and the northern part of No. 2 area, cases were sent to the following private clinics for examination:—

Barnoldswick and Clitheroe Dispensaries	} Skipton Hospital Dr. Thomson (Harrogate)
Keighley, Skipton, Settle and Otley Dispensaries	
Harrogate, Ripon, and Tadcaster Dispensaries	

During the year, 4,046 X-Ray examinations were made of West Riding dispensary patients, 3,703 of these being carried out at County X-Ray Centres, as follows:—

Barnsley	...	...	408	Batley	...	...	271
Doncaster	...	...	710	Pontefract	...	...	903
Rotherham	...	...	564	Sowerby Bridge	...	...	847

Dispensary Area.	For Diagnosis				For Treatment and Progress		TOTAL
	Pulmonary		Non-Pulmonary		Pul-monary	Non-Pul-monary	
	Pos.	Neg.	Pos.	Neg.			
Area No. 1 (Skipton) ...	76	184	4	3	30	3	300
Area No. 2 (Harrogate)	23	71	3	9	5	—	111
Area No. 3 (Doncaster)	265	892	12	24	213	8	1414
Area No. 4 (Barnsley) ...	252	825	29	78	144	46	1374
Area No. 5 (Sowerby Bridge) ...	171	346	11	43	252	24	847
	787	2318	59	157	644	81	4046

Domiciliary Open-Air Shelters.

There has been no falling off in the applications for the loan of open-air sleeping shelters, and advantage has been taken of relieving overcrowded conditions where a suitable site has been available. Some of the shelters have been in use for a number of years and it has been found necessary to destroy four of them by burning during the year. The shelters are destroyed under the supervision of the local Sanitary Inspectors who readily assist in this and other work which they are asked to undertake in connection with the disinfection of the shelters and equipment and the approval of sites. The shelters are kept under the supervision of the dispensary staff and health visitors and periodical reports upon their condition are regularly furnished to this Department.

Provision of Clothing.

During the year 541 orders were issued under the Council's scheme for the provision of clothing in respect of applications for assistance in necessitous cases where the applicant was receiving sanatorium treatment as follows:—

Middleton Sanatorium ...	...	348	Crookhill Hall Receiving Home	43
Mitchell Memorial Home	...	28	Cardigan Sanatorium ...	9
Eldwick Sanatorium ...	...	6	Other Institutions ...	107

West Riding Distress Fund.

Continued calls have been made upon the above fund to provide assistance in necessitous cases, and during the year 1 air bed and pump, 28 blankets, 4 pillows, 1 bedstead, 1 mattress, 1 mattress cover and 1 hessian cover have been purchased and loaned to patients. One pair of boots was supplied and boot repairs have been paid for in respect of two children in sanatoria.

One pair of spectacles was obtained and assistance has been granted towards the cost of removing two families to Papworth Village Settlement. The fund has also been used for the payment of travelling expenses.

Silicosis and Asbestosis (Medical Arrangements) Scheme 1931.

Under the Home Office Order, the Tuberculosis Medical Staff are appointed official examiners under the above scheme. All newly appointed workers in the Sandstone and Asbestos Industries are examined initially by the Tuberculosis Officer, and a report sent to the Medical Board at Sheffield. During the twelve months ended 31st March, 1936, 71 such examinations were made by the staff. X-Ray pictures were made in six instances at the request of the Silicosis Medical Board.

WAR PENSIONERS FOR TUBERCULOSIS.

There was an addition of one new case of a War Pensioner for tuberculosis during the year, the total on the 31st December being 713. This is a decrease of 29 on last year's figures due to deaths, removals, etc.

The following table shews the number of War Pensioners for tuberculosis on various forms of treatment on the 31st December, 1935.

AREA.	Dispensary.				General Dispensary Supervision				Domiciliary.				Institutional (includes San., Hosp., and Training).				TOTALS		
	Class T.B. Minus	Class T.B. Plus			Class T.B. Minus	Class T.B. Plus			Class T.B. Minus	Class T.B. Plus			Class T.B. Minus	Class T.B. Plus					
		Group 1	Group 2	Group 3		Non-Pulm.	Group 1	Group 2		Group 3	Non-Pulm.	Group 1		Group 2	Group 3	Non-Pulm.		Group 1	Group 2	Group 3	Non-Pulm.
No. 1 (Skipton) ...	3	—	—	—	39	—	4	1	4	8	—	4	—	2	1	—	—	—	66
„ 2 (Harrogate) ...	2	—	—	—	26	—	4	2	2	7	1	4	3	1	—	—	—	—	52
„ 3 (Doncaster) ...	9	—	—	1	85	1	8	2	—	95	1	5	11	4	—	1	1	—	225
„ 4 (Barnsley) ...	6	—	1	—	96	2	4	2	3	129	1	7	2	1	2	—	—	—	257
„ 5 (Sowerby Bridge) ...	22	—	—	—	46	—	—	—	3	26	—	2	4	3	—	—	—	—	113
Totals ...	42	—	1	1	292	3	20	7	12	265	3	22	20	11	3	1	1	—	713

COMBINED TREATMENT AND TRAINING.

The following table shews the admissions and discharges of all classes of patients to courses of combined treatment and training with or without a view to ultimate settlement. At the end of the year the County had 24 Colonists; 9 at Preston Hall, Aylesford, Kent; 10 at Papworth Hall, near Cambridge; 3 at East Lancashire Tuberculosis Colony, Barrowmore Hall, Gt. Barrow, Chester and 2 at Derwen Cripples' Training College, Oswestry. In addition, 3 cases trained at the Derwen Cripples' Training College and 1 at Burrow Hill San. Colony have obtained employment.

Colony.	No. under training on 1.1.35.	No. admitted during 1935	No. discharged during 1935	No. remaining under training on 31.12.35.	
Papworth Village Settlement, near Cambridge ...	1	—	—	1	For Training only.
British Legion Village, Preston Hall, Aylesford, Kent ...	9	4	1	12	Qualifying for Village S't.
East Lanes. Tuberculosis Colony, Gt. Barrow, Chester ...	4	3	2	5	Qualifying for Village S't.
Burrow Hill San. Colony, Frimley, Surrey ...	1	2	2	1	Qualifying for Village S't.
Derwen Cripples' Training College, Oswestry ...	3	2	2	3	For Training only.
	2	3	2	3	For Training only.

Of the 9 cases shewn under the heading "discharged" 4 were transferred to Village Settlement, and 5 cases did not complete courses having been prematurely discharged for various reasons.

ARTIFICIAL SUNLIGHT TREATMENT.

Dispensary patients in need of artificial sunlight treatment have been sent to the following private and voluntary clinics and during the year 138 patients were referred by the dispensaries for this treatment.

Clayton Hospital, Wakefield.
Huddersfield Royal Infirmary.
Leeds General Infirmary.
Sheffield Royal Infirmary.
Pontefract General Infirmary
York County Hospital.

Dr. J. Grieve, Burnley.
Middleton Sanatorium.
Manchester and Salford Hospital for Skin diseases (daily clinic).
Dr. G. W. Wigg, Doncaster.

The following table indicates the work done in respect of different dispensary areas and the results noted at the end of the year.

Dispensary Area.	Type of Case.	Quiescent and apparently well	Total No. of applications	Result of treatment			
				Cured	Much improved	Improved	No change
No. 1 (Skipton) ...	Adenitis (Cervical and Inguinal) ..	9	391	6	1	2	—
	Lupus	8	796	—	5	2	1
	Other Conditions	1	52	—	—	1	—
No. 2 (Harrogate) ...	Adenitis (Cervical and Inguinal) ...	1	134	—	—	1	—
	Lupus	8	713	1	3	3	1
	Other Conditions	1	220	—	1	—	—
No. 3 (Doncaster) ...	Adenitis (Cervical and Inguinal) ..	12	948	—	8	3	1
	Lupus	39	4600	14	15	9	1
	Other Conditions	8	953	2	1	5	—
No. 4 (Barnsley) ...	Adenitis (Cervical and Inguinal) ...	17	803	1	6	9	1
	Lupus	18	2255	4	8	6	—
	Other Conditions	3	215	—	1	2	—
No. 5 (Sowerby Bridge) ...	Adenitis (Cervical and Inguinal) ...	5	154	4	—	1	—
	Lupus	7	471	—	1	4	2
	Other Conditions	1	104	—	—	1	—

SURGICAL APPLIANCES.

The following Surgical Appliances were supplied to patients receiving dispensary or domiciliary treatment during the year, namely :—

Surgical Boots	...	...	...	...	...	...	...	...	14
Spinal and Abdominal Supports	...	...	...	...	...	...	...	...	7
Walking Caliper Splints	...	...	...	...	...	...	...	...	1
Hip Splints	...	...	...	...	...	...	...	...	2
Crutches	...	...	...	...	...	...	...	...	1
Iron Patten	...	...	...	...	...	...	...	...	1
Blocked Leather Anklet	...	...	...	...	...	...	...	...	1
Medical Appliances	...	...	...	...	...	...	...	...	1
Artificial Limbs	...	...	...	...	...	...	...	...	3
Alterations, Repairs and Renewal Parts	...	...	...	...	...	...	...	...	16

The total cost of these appliances was £117 4s. 6d. of which a sum of £12 15s. 0d. was subscribed by or on behalf of four patients.

In addition to those enumerated, some 45 surgical appliances of various types representing a total cost to the County Council of £98 8s. 6d. were supplied during the period of the report to patients actually undergoing residential institutional treatment for surgical tuberculosis.

Contributions towards the cost of surgical appliances are required where patients are not receiving institutional treatment and where the circumstances of the family, as determined by the approved scale of income, permit of this. In the case of patients undergoing Hospital or other residential treatment for surgical tuberculosis, appliances are prescribed by and fitted under the supervision of the Medical Superintendent, and the full cost is borne by the County Council without any question of contribution.

EXTRA NOURISHMENT.

Extra Nourishment, which constitutes a valuable adjunct to the treatment of tuberculosis, has been provided in necessitous cases. 509 patients undergoing dispensary or domiciliary treatment received grants in the form of eggs and milk during the year 1935, at a total cost of £1,921 15s. 5d. The average number of patients in receipt throughout the year was 277.

DENTAL TREATMENT.

Approval was given for the provision of dental treatment in 180 necessitous cases during the year at an estimated cost of £318 3s. 2d. The actual cost was £294 3s. 8d., the reduction being occasioned by patients leaving or being discharged from sanatorium and the non-completion of treatment at the end of the year. Approved Societies and parents contributed £51 8s. 6d. towards the cost of treatment and the balance £242 15s. 2d. was paid by the County Council. Particulars of the treatment approved are shewn below :—

Institution or Dispensary Area.	No. of Cases	Extractions	Fillings	Scalings	Full Upper and Lower Dentures	Upper Denture	Lower Denture	Part Upper Denture	Part Lower Denture	Repairs etc.	Re-makes
Middleton Sanatorium	68	270	2	—	7	1	—	—	2	—	1
Cardigan Sanatorium	6	63	—	3	2	—	—	3	1	—	—
Crookhill Hall Receiving Home	10	99	—	—	3	—	2	—	—	—	3
County Sanatorium, Wyton	16	42	16	1	—	—	—	—	—	—	—
Westmorland Sanatorium	2	32	—	—	1	1	—	—	1	—	—
Berks. and Bucks. Jt. Sanatorium	18	45	60	10	—	—	—	—	—	—	—
Papworth Village Settlement	3	27	11	—	—	1	1	1	1	—	—
Mitchell Memorial Home	6	6	—	—	2	1	1	—	1	1	2
East Anglian Sanatorium	1	7	—	—	—	—	—	—	—	—	—
Oakwood Hall Sanatorium	1	2	2	1	—	—	—	—	—	—	—
Wensleydale Sanatorium	4	19	—	—	—	—	—	—	—	—	—
Shropshire Orthopaedic Hospital	1	18	—	—	1	—	—	—	—	—	—
Eldwick Sanatorium	40	100	22	—	—	—	—	—	—	—	—
No. 2. Harrogate Area	1	—	—	—	1	—	—	—	—	—	—
No. 5. Sowerby Bridge Area	3	39	—	—	3	—	—	—	—	—	—
Totals	180	769	113	15	20	4	4	4	6	1	6

**TABLE SHOWING ENVIRONMENTAL AND SOCIAL CONDITION OF PATIENTS,
DECEMBER, 1935.**

	Infectious Pulmonary		Non-Infectious Pulmonary		Non-Pulmonary		Total
	Under 15	15 and Over	Under 15	15 and Over	Under 15	15 and Over	
No. of Cases from houses regarded as "overcrowded" ...	2	40	28	137	67	32	306
No. of cases from houses where more than one family reside	—	58	33	179	61	59	390
No. of Cases where patient sleeps in separate room ...	13	752	264	1,087	363	285	2,764
No. of cases where patient sleeps in separate bed but not separate room ...	2	303	276	782	498	310	2,171
No. of cases where patient sleeps "two in a bed" ...	3	408	227	2,266	518	477	3,899
No. of cases where patient sleeps "more than two in a bed" ...	—	9	31	157	74	37	308

TUBERCULOSIS CARE COMMITTEES.

In accordance with Section 2 of the Public Health (Tuberculosis) Act, 1921, certain sums are set aside each year for the purpose of grants to After-Care Committees. The six main Care Committees which are now established in the County have continued activities during 1935, giving help to distressed tuberculous patients and families in directions which are not covered by official schemes.

The following is a schedule of expenditure of the six Committees in actual assistance to patients during 1935. All grants are made on the recommendations of the Consultant Tuberculosis Officers, who report highly upon the usefulness of the scheme.

Care Committee.	Number of cases in which grants have been made.			Total expenditure incurred in 1935.	Proposed Grant.		
	Food.	Clothing.	Other.		£	s.	d.
Barnsley ...	56	8	—	£ 75	11	0	50 0 0
Castleford ...	19	1	6	110	1	3	75 0 0
Doncaster ...	29	6	1	32	17	6	22 0 0
Huddersfield ...	50	1	—	37	6	1	26 0 0
Aberford ...	28	2	—	10	9	3	7 0 0
Osgoldcross ...	90	6	12	196	11	7	120 0 0
				462	16	8	300 0 0

Institutional Accommodation.

A comparison of the figures relating to the institutional accommodation reveals that on December 31st, 1935, a total of 829 beds was available for county purposes, namely 673 for pulmonary cases and 156 for other tuberculous conditions. This represents a reduction of 73 beds from the figure quoted twelve months previously, and affects wholly the accommodation for children. During the year beds were relinquished for 46 pulmonary and 27 non-pulmonary cases, mainly at the following institutions:—Wyton Hostel (Pulmonary); Wensleydale (Pulmonary); Berks. and Bucks. (Pulmonary); Stannington (Non-Pulmonary); Leasowe (Non-Pulmonary); and Sheffield Children's (Non-Pulmonary).

Early cases of pulmonary tuberculosis were admitted as follows:—

ADULTS. Middleton, Cardigan, Meathop and Oakwood Hall.

CHILDREN. Wyton, Berks. and Bucks., Oakwood Hall, Wensleydale and Eldwick.

Advanced cases are admitted to Crookhill Hall, Morton Banks, and Dean Head Institutions.

Observation cases were sent to Middleton, Oakwood Hall and Eldwick Institutions. Of the 120 cases discharged during 1935, 33 were found to be tuberculous and 11 were doubtfully tuberculous. The remaining 76 were found not to be suffering from the disease and were removed from the registers.

VISITS TO SANATORIA. During the year visits were paid by members of the Tuberculosis Sub-Committee to the undermentioned institutions where West Riding patients were receiving treatment:—

Robt. Jones and Agnes Hunt Orthopaedic Hospital, Oswestry. August.
Wensleydale Sanatorium, Aysgarth. August.

Institutional Accommodation Available for West Riding Cases—December, 1935.

	No. of Beds available					
	For Pulmonary Cases			For Non-Pulmonary Cases		
	Men	Women	Children	Men	Women	Children
Controlled by County Council (Public Health Committee).						
Middleton-in-Wharfedale Sanatorium	300	—	—	—	—	—
Cardigan Sanatorium, near Wakefield	—	50	—	—	—	—
Eldwick Sanatorium, near Bingley	—	—	39	—	—	—
Mitchell Memorial Home, Rawdon	30	—	—	—	—	—
Crookhill Hall Receiving Home	40	—	—	—	—	—
Not Controlled by the County Council:—						
Morton Banks Sanatorium, near Keighley	—	53	—	—	—	—
Dean Head Sanatorium, Horsforth	—	60	—	—	—	—
Oakwood Hall Sanatorium, Rotherham	—	15	15	—	—	—
East Anglian Sanatorium, Nayland	—	—	10	—	—	—
Wensleydale Sanatorium, Aysgarth	—	—	8	—	—	—
Westmorland Sanatorium, Meathop	—	6	—	—	—	—
Marguerite Home, Thorparch	—	—	—	—	—	32
Leasowe Hospital, Cheshire	—	—	—	—	5	9
King Edward VII Hospital, Rivelin Valley	—	—	—	—	—	37
Shropshire Orthopædic Hospital, Oswestry	—	—	—	8	19	—
Berks. and Bucks. Joint Sanatorium, Oxon.	—	—	20	—	—	—
Yorkshire Children's Orthopædic Hospital, Kirkby- moorside	—	—	—	—	—	9
Stannington Sanatorium, Northumberland	—	—	7	—	—	—
Royal National Orthopædic Hospital, Stanmore, Middlesex	—	—	—	—	—	13
Miscellaneous Institutions	13	2	5	11	3	10
Totals	383	186	104	19	27	110

Institutional Treatment during 1935.

Institution	Patients in residence on 1.1.35	Admissions 1935			Total number of Admissions	Discharges 1935			Total number of Discharges	Patients in residence on 31.12.35	
		Men	Women	Children		Men	Women	Children			
Pulmonary Institutions.											
Middleton-in-Wharfedale Sanatorium ...	279	542	—	51	593	579	—	4	583	289	
Cardigan Sanatorium	49	—	133	6	139	—	135	5	140	48	
Mitchell Memorial Home	26	44	—	—	44	58	—	—	58	12	
Eldwick Sanatorium	39	—	—	81	81	—	—	83	83	37	
Crookhill Hall Receiving Home	33	69	—	—	69	63	—	—	63	39	
Dean Head Sanatorium	59	—	161	1	162	—	166	1	167	54	
Morton Banks Sanatorium	48	—	117	7	124	—	114	10	124	48	
Wyton Sanatorium	48	—	—	33	33	—	—	81	81	—	
Westmorland Sanatorium	6	—	8	—	8	—	8	—	8	6	
Oakwood Hall Sanatorium	30	1	42	40	83	1	46	39	86	27	
Stannington Sanatorium	14	—	—	13	13	—	—	20	20	7	
East Anglian Sanatorium	—	1	—	11	12	1	—	1	2	10	
Wensleydale Sanatorium	12	4	7	2	13	1	5	11	17	8	
Berks. and Bucks. Sanatorium	34	—	—	29	29	—	—	43	43	20	
Miscellaneous	2	—	—	5	5	—	—	1	1	6	
Non-Pulmonary Institutions.											
Yorkshire Children's Orthopædic Hospital ...	11	—	—	8	8	—	—	10	10	9	
Marguerite Home	30	—	—	25	25	—	—	23	23	32	
King Edward VII. Hospital	37	—	—	24	24	—	—	24	24	37	
Shropshire Orthopædic Hospital	29	34	33	1	68	38	32	—	70	27	
Royal National Orthopædic Hospital	16	—	—	6	6	—	—	9	9	13	
Miscellaneous Institutions	40	37	39	51	127	39	40	62	141	26	
Totals	842	732	540	394	1666	780	546	427	1753	755	

Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1935.

(a) Pulmonary Cases.

Classification on admission*	Condition at time of discharge.	Duration of Treatment in the Institution.												
		Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Class T.B. Minus.	Quiescent ...	43	24	8	57	59	25	28	13	57	11	3	23	351
	Not Quiescent ...	44	31	2	21	4	6	8	5	5	6	2	5	139
	Died in Institution	2	2	—	1	1	—	2	1	—	2	—	1	12
Class T.B. + Group I.	Quiescent ...	7	1	—	7	5	1	2	2	1	—	—	1	27
	Not Quiescent ...	12	6	—	9	4	—	3	3	—	1	—	1	39
	Died in Institution	—	—	—	1	—	—	—	—	—	1	—	—	2
Class T.B. + Group II.	Quiescent ...	4	1	—	15	12	—	7	14	—	7	1	1	62
	Not Quiescent ...	44	25	1	42	30	1	20	21	1	16	6	1	208
	Died in Institution	8	7	—	5	2	—	3	4	—	3	—	—	32
Class T.B. + Group III.	Quiescent ...		2	—	1	3	—	2	1	—	—	1	—	10
	Not Quiescent ...	18	17	—	27	15	—	27	8	—	12	4	—	128
	Died in Institution	9	13	—	7	8	1	5	3	—	13	1	—	60
	Totals ...	191	129	11	193	143	34	107	75	64	72	18	33	1070

(b) Non-Pulmonary Cases.

Classification on Admission.*	Condition at time of discharge	Duration of Treatment in the Institution.												Total
		Under 3 months			3—6 months			6—12 months			More than 12 months			
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Bones and Joints.	Quiescent ...	7	5	8	4	6	5	3	10	10	7	4	40	109
	Not Quiescent ...	2	1	11	4	1	3	1	1	4	1	2	—	31
	Died in Institution	—	2	1	1	1	—	2	—	1	—	1	2	11
Abdominal	Quiescent ...	—	3	5	4	5	22	2	1	11	2	2	6	63
	Not Quiescent ...	2	—	3	—	5	1	1	1	1	2	—	—	16
	Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1
Other organs.	Quiescent ...	2	1	1	4	—	2	2	—	5	—	—	2	19
	Not Quiescent ..	—	—	2	1	1	—	1	1	—	2	—	—	8
	Died in Institution	—	1	—	1	—	—	—	—	—	1	—	—	3
Peripheral Glands.	Quiescent ...	4	—	3	1	2	17	1	—	24	—	—	7	59
	Not Quiescent ...	2	—	3	—	1	1	—	—	1	1	—	1	10
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...		20	13	37	20	22	51	13	14	57	16	9	58	330

Patients whose stay in residential institutions has not exceeded 28 days are not included in these tables.

* Classification according to Memo. 37/T.

Sanatorium Treatment.

It is satisfactory to note the progress that has been made in "collapse" therapy during the past few years. The improvement and accuracy of X-ray technique have contributed largely towards this.

From the sanatorium reports it will be observed that of all forms of treatment supplementing the sanatorium routine, artificial pneumothorax in suitable cases, appears to offer the best possible chance of recovery. Before deciding on any particular form of treatment at sanatoria the extent and type of the disease are first estimated by serial X-ray examination. The earlier the case is observed and treated in sanatorium, the more hopeful is the outlook.

A glance at the following table will show that the balance between "positive" and "negative" pulmonary cases admitted into sanatorium is changing and that the "positive" cases are gradually increasing year by year.

Years.	Negative Sputum.	Positive Sputum.	Proportion of Positive Cases.
1925 to 1930	7,550	2,014	21.0%
1931	932	481	34.0%
1932	755	483	39.0%
1933	607	536	46.9%
1934	576	462	44.5%
1935	502	568	53.1%

By many it is thought that the positive sputum *per se* and irrespective of other considerations should be an indication for interference, and the mechanical compression of the lung which artificial pneumothorax brings about must be from its nature more perfect and complete than the isolation of the patient.

When we remember that so many of our "positive" cases in Yorkshire come from the thickly populated and overcrowded industrial areas where risks of infection to children and young adults are incurred (vide environmental table) and are increasing day by day, and where voluntary isolation of open infective cases is uncertain and unsatisfactory, the importance of artificial pneumothorax cannot be overstated.

It is an unfortunate feature of these reports to find so large a number of patients who fail to complete their treatment. Thus of the 367 "positive" cases who were discharged in six months or under, 60 died, 249 were discharged non-quiesscent, and 58 quiesscent.

At Middleton Sanatorium the medical superintendent reports:—

"37 patients remained less than 28 days. The chief reason for premature discharge is poor financial conditions. In all cases where the patient has reported financial difficulty the matter has been referred to the Public Assistance Authorities. Patients always want to go home to attend to these matters, and sometimes will not return. If an almoner were appointed who would visit the patients at the sanatorium, hear their story, investigate the home conditions, and then negotiate the case directly with the Public Assistance Authorities, I believe that the personal touch so established would do much to satisfy the patients and prevent many premature discharges."

SANATORIUM TREATMENT—IMMEDIATE RESULTS.

(a) Pulmonary Cases. Adults.

During the year, 928 adults (male, 563; female 365) suffering from the pulmonary form of the disease were discharged from institutional treatment. Of these, 370 (or 39.9%) belonged to the T.B. minus group, while 558 (or 60.1%) were patients with positive sputum. An analysis of the immediate results of treatment are given on page 125, but further details are given below showing the proportion of adult cases discharged with a prospect of resuming work and retaining fitness:—

	Total cases treated (adults)	Discharged quiesscent		Discharged not quiesscent		Died in Institution	
		No.	%	No.	%	No.	%
Males (T.B. -)	225	139	61.8	79	35.0	7	3.2
Females (T.B. -)	145	99	68.0	42	29.0	4	3.0
Males (T.B. +)	338	52	15.4	231	68.3	55	16.3
Females (T.B. +)	220	43	19.5	139	63.2	38	17.3

Of the 928 cases dealt with, 656 (or 70.7%) were discharged (or took their own discharge) before the completion of six months' treatment. 289 (or 44%) of these were in the T.B. minus group, and 367 (or 56%) were cases with positive sputum.

Of the deaths which occurred in the institutions, 92 (or 88%) were cases with positive sputum.

(b) Children.—Pulmonary.

The number of children suffering from pulmonary disease and discharged from institutional treatment was 142. Ten of these (7%) were positive cases.

(c) Non-Pulmonary Tuberculosis.

330 cases of the non-pulmonary form of tuberculosis were discharged from in-patient treatment during the year; adults 127, children 203.

The immediate results of treatment show a quiescent condition on discharge in the case of 64·6% of the adults, and 84·2% of the children.

CARDIGAN SANATORIUM.

The Medical Superintendent reports:—

During the year 133 adult female patients and 6 female children were admitted to Cardigan Sanatorium and were classified as follows:—

Pulmonary Cases:—

Class T.B. Minus	...	...	...	...	...	...	...	...	63
Class T.B. Plus Group I	...	...	...	...	...	...	...	...	4
" " " " II	...	...	...	...	...	...	...	...	52
" " " " III	...	...	...	...	...	...	...	...	11
For Observation	...	...	...	...	...	...	...	...	6
Non-Pulmonary Cases	...	...	...	...	...	...	...	...	3

The number of cases with tubercle bacilli in their sputum, found before admission or by examination whilst in the sanatorium, was 67, or 51% of all admissions. There were three deaths in the sanatorium during the year. Two of these patients were in a seriously advanced state when admitted.

Observation Cases. Two of the six cases admitted during the year were found to be suffering from tuberculosis.

Operative Treatment. During the year the services of the surgeon specialist were again available, and seven patients were seen by him. All were transferred to the Leeds General Infirmary, one for thoracoplasty and six for phrenic evulsion. In each case the immediate result was satisfactory.

Artificial Pneumothorax Treatment. During the year artificial pneumothorax was induced and maintained in 30 cases. In two of these, oblitative pleurisy occurred a few weeks after the inductions, and further refills became impracticable.

Refills. Approximately 590 refills were given during the year. One man and three women attended for short periods as out-patients, their refills being included in the above number.

Gold Salts. The preparations used were sanocrysin, solganal "B" oleosum and myocrysin. In all, 41 patients were given a course of one or other of these. In several cases striking symptomatic improvement occurred shortly after the beginning of treatment, and the results in general appeared to be satisfactory.

Occupational Therapy. Four hours' instruction has been given weekly during the winter months, by Mrs. Crowe the instructress, in leatherwork, needlework and raffiawork.

Radiography. The total number of X-Ray examinations made during the year was 254, patients being sent either to the Staincliffe Institution or to Pontefract Dispensary. All films were taken by the County Radiographer.

Dental Treatment was again available for those patients in whom the condition of the mouth appeared to be interfering with their progress. Five patients were provided with dentures.

Provision of Clothing. Nine grants were made under the scheme for provision of clothing to patients under treatment.

Immediate Results of Treatment.

The following table shows the immediate results of treatment of patients discharged with tuberculosis in 1935:—

Classification on Admission	Condition at time of discharge.	Period of Residence				Total
		Under 3 months	3/6 months	6/12 months	Over 12 months	
Pulmonary Class T.B. Minus	Quiescent	12	26	4	—	42
	Not quiescent	12	—	2	—	14
	Died	1	—	—	—	1
Class T.B. plus Group I.	Quiescent	1	6	2	—	9
	Not quiescent	4	2	1	—	7
	Died	—	—	—	—	—
Class T.B. plus Group II.	Quiescent	—	8	6	—	14
	Not quiescent	5	3	9	2	19
	Died	—	—	—	—	—
Class T.B. plus Group III.	Quiescent	—	1	—	—	1
	Not quiescent	1	1	1	1	4
	Died	—	—	—	—	—
Non-Pulmonary	Quiescent	—	4	—	—	4
	Not quiescent	—	—	—	—	—
	Died	—	—	—	—	—

In 20 cases the period of residence was less than 28 days. The results of treatment in these are omitted from the above table.

MIDDLETON SANATORIUM.

Dr. H. E. Raeburn, Medical Superintendent, reports:—

The number of cases admitted during the year was 593, classified as follows:—

Pulmonary Class T.B. Minus	...	...	...	...	...	292
Class T.B. Plus						
" " Group I	...	...	...	...	...	19
" " Group II	...	...	...	...	...	110
" " Group III	...	...	...	...	...	38
Non-Pulmonary	...	...	...	...	...	60
Observation	...	...	...	...	...	74

The immediate results of treatment in 489 patients are shewn in the following table.

Middleton Sanatorium.

Table showing immediate results of treatment of patients discharged during 1935.

Classification on admission to the Institution	Condition at time of Discharge	Duration of Residential Treatment				
		Under 3 months	3 to 6 months	6 to 12 months	Over 12 months	Totals
Class T.B. Minus	Quiescent	33	35	20	11	99
	Not Quiescent ..	41	17	7	6	71
	Died	2	—	1	2	5
Class T.B. + Group I.	Quiescent	6	5	2	—	13
	Not Quiescent ...	12	8	3	1	24
	Died	—	1	—	1	2
Class T.B. + Group II.	Quiescent	3	9	4	7	23
	Not Quiescent ..	43	38	16	15	112
	Died	8	3	3	2	16
Class T.B. + Group III.	Quiescent	—	1	—	—	1
	Not Quiescent ...	11	18	18	11	58
	Died	6	6	3	12	27
Bones and Joints	Quiescent	1	—	—	3	4
	Not Quiescent ...	—	1	—	1	2
	Died	—	—	—	—	—
Abdomen	Quiescent	—	4	2	2	8
	Not Quiescent ...	2	—	1	2	5
	Died	1	—	—	—	1
Other Organs	Quiescent	1	3	2	—	6
	Not Quiescent ...	—	1	1	2	4
	Died	—	1	—	1	2
Peripheral Glands	Quiescent	1	1	1	—	3
	Not Quiescent ...	2	—	—	1	3
	Died	—	—	—	—	—
Totals	... ..	173	152	84	80	489

The percentage of “bed” patients was 62·55.

During the year the daily routine has been revised and a new system of graduated exercise and work has been introduced. Paths are being made in the grounds on which the patients may take their walks, thus making control of exercise easier. The treatment consisted of the usual sanatorium routine, assisted in suitable cases by the various forms of collapse and gold therapy.

Artificial pneumothorax was induced in 26 cases. It was attempted in five others but these failed owing to pleural adhesions. Two cases continued treatment from 1934. The results were as follows:—

Improved (including 2 cases from 1934), 21. **Not improved**, 3. **Worse**, 4.
684 refills were given.

Surgical Treatment. Phrenic evulsion was performed in 2 cases.

Phrenic crush was performed in two cases. One improved and one showed no change. One case was transferred to Leeds General Infirmary.

Two cases were transferred to Leeds General Infirmary for surgical treatment of lung abscess.

Intercostal drainage was instituted in 4 cases:—

Case 1. Boy 6 years. Pyo-pneumothorax—non-hæmolytic. Streptococcus found in pus. Discharged fit.

Case 2. Patient aged 16. T.B. in sputum. Effusion left pleura. Hæmolytic streptococci isolated from effusion. Patient improved but left before wound healed.

Cases 3 and 4. Spontaneous pneumothorax complicating artificial pneumothorax. Improved, but condition still serious.

Gold Therapy. (Sanocrysin, Myocrysin and Solganal). Was used in 13 cases, the results of treatment being as follows:—

Improved, 7. Not Improved, 6.

In four of the “improved” cases the sputum became negative.

Radiography.

The number of films taken during the year was:—

In-patients	...	...	1,277
Out-patients	...	...	239
			Total 1,516.

Ultra-Violet Light.

			In-patients	Improved.	Not improved.
Abdominal	...	...	15	13	2
Renal	...	...	3	3	0
Glands	...	...	11	11	0
Skin	...	...	6	6	0
			35	33	2

			Out-patients	Improved.	Not improved.
Abdominal	...	...	4	3	1
Bones	...	...	1	1	0
Glands	...	...	4	4	0

Dental Treatment.

Mr. Thornton, the local dentist, attends the Sanatorium when requested. He treated 179 patients during 1935. The majority of patients admitted require dental treatment.

Occupational Therapy. The average number of patients attending handicrafts daily was 21. The work comprises carpentry, rug-making, raffia work, weaving fancy leather work, book-binding, pewter work and cobbling. 470 pairs of boots have been repaired, 250 pairs for necessitous cases and 220 pairs paid for by staff and patients.

During the year the children have received instruction in school subjects, craft work, and on suitable days have been taken for walks and nature study rambles.

Library. There are approximately 4,600 books in the patients' library and 4,912 have been borrowed during the year.

Chapel. Services have been held in the chapel regularly, the average attendance being:—

Church of England	...	...	...	18
Methodist	...	...	...	20
Roman Catholic	...	...	...	8

One special service was held for the dedication of the Memorial Tablet to the late Medical Superintendent.

CROOKHILL HALL RECEIVING HOME.

Dr. V. Ryan, Medical Superintendent, reports:—

During the year 69 patients were admitted for treatment, classified as follows:—

Class T.B. minus	...	...	...	...	...	...	28
Class T.B. plus—Group I	...	...	...	...	...	...	1
“ “ “ “ II	...	...	...	...	...	...	20
“ “ “ “ III	...	...	...	...	...	...	20
Non-Pulmonary	...	...	...	...	...	...	—

Notes on Special Treatment.

T.H. AET 35. CLASS III +. Disease of left lung and larynx. Cavity at left apex which failed to collapse with artificial pneumothorax. Operation by Mr. Moir in May, 1935—posterior section of upper six ribs. Result:—Eventual obliteration of cavity with disappearance of toxæmia and tubercle bacilli.

B.C. AET 29. CLASS III +. Patient previously treated unsuccessfully by artificial pneumothorax, phrenic evulsion and intensive gold therapy. Large cavities still open in left lung. Upper thoracoplasty performed by Mr. Moir in July, followed in November by more extensive rib resection. Good collapse of left chest. Improvement beginning to be shown.

E.P. AET 36. CLASS III +. Artificial pneumothorax tried on left lung but failed owing to adhesions. Phrenic evulsion in April, 1935; intensive gold therapy also. Patient improved but not quiescent.

W.T.M. AET 22. CLASS II +. Recent onset of acute exudative tuberculosis right lung. Artificial pneumothorax induced 2/4/35, and is still maintained. Patient insisted on returning to his work as a lorry driver on 28/8/35. Attends dispensary fortnightly for re-fills. Keeps fit. T.B. minus.

Two patients considered suitable for pneumothorax were found to have adherent pleura, which rendered the operation impossible. One patient considered suitable refused treatment.

Gold Therapy. Courses of gold were given to four patients and some improvement noted over and above that due to ordinary sanatorium treatment.

Tuberculin was administered to two chronic fibrotic pulmonary cases; no apparent change in condition.

Sanatorium Discharges, 1935.

Classification on Admission	Condition at time of discharge	Period of Residence				Total.
		Under 3 months	3-6 months	6-12 months	Over 12 months	
Class T.B. minus	Quiescent	3	7	3	—	13
	Not quiescent	1	1	—	—	2
	Died	—	1	—	—	1
Class T.B. plus Group I.	Quiescent	—	2	—	—	2
	Not quiescent	—	—	—	—	—
	Died	—	—	—	—	—
Class T.B. plus Group II.	Quiescent	—	4	2	—	6
	Not quiescent	1	2	2	1	6
	Died	—	1	—	1	2
Class T.B. plus. Group III.	Quiescent	—	—	—	—	—
	Not quiescent	3	6	7	1	17
	Died	3	1	1	1	6
Non-pulmonary } Other Organs }	Quiescent	—	1	—	—	1
	Not quiescent	—	—	—	—	—
	Died	—	—	—	—	—
Total ...		11	26	15	4	56

In seven cases, the period of residence was less than 28 days, and the results of treatment in these are ignored in the table of immediate results.

ELDWICK SANATORIUM.

Dr. Margaret Sharp, Medical Superintendent, reports:—

The number of children admitted during the year was 81, classified as follows on admission:

Pulmonary.	Class T.B. Minus	...	...	...	...	29
Non-Pulmonary.	Bones and Joints	...	...	...	...	2
	Abdomen	...	...	...	...	16
	Other Organs	...	...	...	...	2
	Peripheral glands	...	...	...	...	13
Observation	...	...	...	...	...	19

Ultra-Violet Light Treatment. Forty-four children received treatment from either the carbon arc or mercury vapour lamp.

In the case of the carbon arc, the length of exposure was increased gradually, up to 30 minutes each, back and front. As it was found that the children got tired when longer periods were used, the effect was then increased by lessening the distance from the lamp, from 3-ft. to 2½-ft. Nearer than this the heat was too great.

A new departure was the local application of the mercury vapour lamp to cervical glands with well-marked enlargement, to the extent of producing definite erythema over them. In all cases this promoted a reduction in the size of the glands, in some very definitely.

The following were the 1935 results of light treatment:—

- Good result—25 cases.
- Definite benefit—11 cases.
- No benefit—8 cases.

In the first mentioned class, whilst the results were good there was no definite evidence that these were due to the light treatment. In the second class there were included three cases of local treatment of glands. In class three, treatment was stopped in two cases because of ill effects, one child becoming intensely sleepy under even the mildest exposures.

Observation Cases. Of 19 cases admitted during the year for observation and diagnosis, seventeen were suspected to have pulmonary disease and two displayed abdominal symptoms. Four of the children were found after observation to be definitely tuberculous (pulmonary) and were duly notified under the Tuberculosis Regulations. After observation the abdominal cases were diagnosed non-tubercular.

In two of the cases diagnosed as non-tuberculous, it was found that the symptoms were due to valvular heart disease, and in four others the diagnosis was chronic fibrosis of the lung, probably not of tuberculous origin.

The Mantoux Test was performed with human tuberculin (T) on 73 children, with the following results:—

5	gave a positive reaction to a dilution of one in 10,000
36	“ “ “ “ one in 1,000
9	“ “ “ “ one in 100

Negative results were obtained in 23 cases to all three dilutions.

Seven children were not tested, two of whom having been found to be positive before admission.

The practice is now being adopted of testing all negative cases with bovine tuberculin.

Examination by X-rays. In 54 cases it was found that X-ray examination has been carried out before admission. In 26 of these, further X-ray examination was performed after admission, usually at intervals of about three months. Five children were examined twice and one three times. In nearly every case where definite opacities had been present, marked improvement was shown; in several, complete disappearance of very obvious abnormalities in the skiagram. In two cases only was a definite increase in the affected area shown, both being girls of over 12 years of age with an adult type of disease.

Three cases were examined for the first time after admission, making a total of 36 skiagrams taken.

Tonsils and Adenoids were removed in 14 cases. Apart from the cure of symptoms directly due to these (especially repeated attacks of tonsillitis) three cases improved markedly in their general health and one in the chest condition.

Immediate Results of Treatment.

The following table shows the immediate results of treatment of the patients discharged.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment.				Total
		Under 3 months	3-6 months	6-12 months	Over 12 months	
Pulmonary Class T.B. Minus	Quiescent	3	9	12	1	25
	Not Quiescent	—	3	3	2	8
	Died	—	—	—	—	—
Bones and Joints	Quiescent	—	1	1	—	2
	Not Quiescent	—	—	—	—	—
	Died	—	—	—	—	—
Abdomen	Quiescent	1	7	4	1	13
	Not Quiescent	2	—	1	—	3
	Died	—	—	—	—	—
Other Organs	Quiescent	—	—	2	—	2
	Not Quiescent	1	—	—	—	1
	Died	—	—	—	—	—
Peripheral Glands	Quiescent	1	7	4	1	13
	Not Quiescent	—	—	—	—	—
	Died	—	—	—	—	—
Totals ...		8	27	27	5	67

MITCHELL MEMORIAL HOME.

Dr. Sproat reports :—

During the year 44 cases were admitted for treatment as follows :—

T.B. minus	...	...	...	...	...	...	...	32
T.B. plus Group I	...	...	...	...	...	...	...	3
„ „ II	...	...	...	...	...	...	...	6
„ „ III	...	...	...	...	...	...	...	2
Non-Pulmonary	...	...	...	...	...	...	...	1

The following table shows the condition of the patients on discharge :—

Classifi- cation on admission	Condition at time of discharge	Duration of Treatment in Institution				Total
		Under 3 months	3—6 months	6—12 months	More than 12 months	
Class T.B. minus	Quiescent	8	15	5	—	28
	Not Quiescent	—	2	1	—	3
	Died	—	—	1	—	1
Class T.B. plus Group I.	Quiescent	1	—	—	—	1
	Not Quiescent	—	1	—	—	1
	Died	—	1	—	—	—
Class T.B. plus Group II.	Quiescent	1	—	1	—	4
	Not Quiescent	—	3	2	—	4
	Died	—	1	—	—	1
Class T.B. plus Group III.	Quiescent	—	2	2	—	2
	Not Quiescent	1	—	2	—	6
	Died	—	2	1	—	2
Totals		11	27	15	—	53

Treatment consisted for the most part of rest and graduated exercise. During the year the results of treatment were satisfactory as shown by the increase in weight and greater capacity for exercise and work. One case was found to be suitable for artificial pneumothorax treatment and was transferred to the Middleton Sanatorium.

In five cases the period of residence was less than 28 days, and the results of treatment in these are not included in the above table.

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COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE.

TWENTY-EIGHTH
ANNUAL REPORT

OF THE

School Medical Officer,

ON THE

Medical Inspection and Treatment of
School Children,

For the Year ended 31st December, 1935.

*(Presented to the Child
Welfare Sub-Committee
May 13th - 1936)*

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SUMMARY OF WORK.

A.—Medical Officers at Schools.

Routine Inspections at Elementary Schools	60,933
Routine Inspections at Secondary Schools	...	...	...	...	...	...	7,856
Special Inspections at Elementary Schools	...	...	...	...	...	...	10,210
Special Inspections at Secondary Schools	...	...	...	...	...	...	623
Re-inspections at Elementary Schools	...	...	...	...	...	...	15,959
Re-inspections at Secondary Schools	...	...	...	...	...	...	1,079

B.—Medical Officers at Clinics.

Inspections at Clinics (including Specialist Clinics)	...	...	...	...	...	20,463
Inspections under Employment of Children Bye-laws	...	...	...	...	...	1,074

C.—Dental Officers.

Routine Inspections at Schools	...	...	...	...	...	...	71,879
Special Inspections at Schools	...	...	...	...	...	...	3,835
Attendances for Treatment at Clinics	...	...	...	...	...	...	43,338

D.—School Nurses and Health Visitors.

Visits to Schools	...	...	...	...	...	...	7,663
Examinations (including Cleanliness Inspections in Schools)	...	...	...	...	...	...	429,066
Visits to Homes	...	...	...	...	...	...	30,247

E.—School Clinics.

Number of Minor Ailments Treated	49,694
Total Number of Attendances	89,569

WEST RIDING EDUCATION COMMITTEE.

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The Vice-Chairman of the County Council.

The Chairman of the Finance Committee.

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Smith, Lady Mabel
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Taylor, E.
Wragg, Mrs. E., M.B.E.

ADDED MEMBERS.

Baillie, Sir James B.
Glazier-Foster, F.
Hazelip, Mrs. E.

Hinchliffe, Miss Mabel
Morris, Miss G.
Pickard-Cambridge, Dr. A. W.

Singleton, Mrs. M.
Smithies, Mrs. C. A.
Spivey, T. W.

CHILD WELFARE SUB-COMMITTEE.

Representatives of West Riding Education Committee.

County Aldermen J.W. Lane, G. Schofield and Miss H. Unwin (*Vice-Chairman*).

County Councillors T. J. Brooks, M.B.E., W. E. Dyson, W. T. Everatt.

Added Members: Miss M. Hinchliffe, Miss G. Morris, Mrs. M. Singleton and
Mr. F. Glasier-Foster.

Representatives of West Riding Public Health and Housing Committee.

County Aldermen G. Probert (*Chairman*) and T. Tomlinson.

County Councillors J. T. Allan, Mrs. E. M. E. Atkinson, Mrs. H. Beverley, W. T. Blewitt,
A. Fletcher, A. Fouchard, N. Goodall, Mrs. M. Heald, J. W. Simpson
and Mrs. E. Wragg.

STAFF.

School Medical Officer and County Medical Officer—T. N. V. Potts, M.D., D.P.H.

Assistant School Medical Officer—Reginald Lawrence, M.D., D.P.H.

School Oculists.

Christina S. Stoddart, M.B. Hannah W. Murphy, M.B., D.P.H.
Claudius G. Kay Sharp, M.D. (part time).

Aural Surgeon.

HUGH M. PETTY, M.B. (part-time).

School Medical Inspectors.

Centre							Name of Officer	
Skipton	...	...	...	...	...	...	James M. Anderson, M.R.C.S., L.R.C.P.	
Ilkley	...	...	...	...	...	...	Nora M. Allan, M.B.	
Harrogate	...	...	...	...	...	...	Josephine Coupland, M.B., B.S., D.P.H.	
Halifax	...	...	...	...	...	...	Janet Macmillan, M.B., D.P.H.	
Wakefield	...	...	...	...	...	...	Gerald P. Holderness, M.B., D.P.H.	
Leeds	...	...	...	...	...	...	Margaret E. Peaker, M.R.C.S., L.R.C.P.	
Pontefract (East)	...	...	...	...	...	...	James W. Cairns, M.D., D.P.H.,	
Huddersfield	...	...	...	...	...	...	Annabella Rennie, M.B.	
Barnsley (West)	...	...	...	...	...	...	Jean V. Kirkwood, M.B., D.P.H.	
Pontefract (West)	...	...	...	...	...	...	Gertrude M. Mayhall, L.R.C.P., M.R.C.S	
Barnsley (East)	...	...	...	...	...	...	Jean J. Smith, M.B., D.P.H.	
Doncaster (West)	...	...	...	...	...	...	Bethia M. Newlands, M.B., D.P.H.	
Doncaster (East)	...	...	...	...	...	...	Duncan C. Rice, M.B.	
Sheffield	...	...	...	...	...	...	Stuart Lindsay, M.B.	
Rotherham (North)	...	...	...	...	...	...	Joyce E. M. White, M.R.C.S., L.R.C.P.	
Rotherham (South)	...	...	...	...	...	...	Rosie B. Becker, M.D., D.P.H.	

Dental Staff.

BERNARD R. TOWNEND, Senior Dental Officer.

Cyril Baines, L.D.S.	...	...	...	...	...	...	Aloysius M. Moorhead, L.D.S.
George O. Wood, L.D.S.	...	...	...	...	...	...	Oswald A. Long, L.D.S.
Richard E. Morgan, L.D.S.	...	...	...	...	...	...	Fred W. Buzza, L.D.S.
Bernard Sleight, B.Ch.D.	...	...	...	...	...	...	George Kilvington, L.D.S.
Stanley E. Clarke, L.D.S.	...	...	...	...	...	...	Kevern Batten, L.D.S.
Percy D. Copeland, B.D.S.	...	...	...	...	...	...	James M. Macdonald, L.D.S.
Marion M. Thom, L.D.S.	...	...	...	...	...	...	John Mackay, L.D.S.
Henry F. Jones, L.D.S.	...	...	...	...	...	...	Joseph Jackson, L.D.S.
Dorothy M. Phillips, L.D.S.	...	...	...	...	...	...	Rachel Sclare, L.D.S.
Eric Thornton, L.D.S.	...	...	...	...	...	...	Jas. R. Wishart, L.D.S.
John H. N. Macdonald, L.D.S.							

School Nurses who assist School Dentists (Whole time)	...	...	...	...	...	...	11
Dental Attendants (whole-time)	...	...	...	...	...	...	11
School Nurses only (whole time)	...	...	...	...	...	...	6
School Nurses and Health Visitors (whole time)	...	...	...	...	...	...	112
School Nurses and Health Visitors employed by District Nursing Associations and Local Authorities	...	...	...	...	...	...	69
Clerical Staff, School Medical Inspection Section	...	...	...	...	...	...	8

REPORT of the SCHOOL MEDICAL OFFICER. for the Year ended 31st December, 1935.

The year 1935 has been marked by several interesting features and some advances. In the matter of personnel the staff has suffered by the loss of **Dr. Lillian Davy** who had been a School Medical Inspector since the war. Dr. Davy's illness gave no promise of remission and she was compelled to send in her resignation. For several years she had contributed the results of special inquiries, generally of an anthropological nature to this report and the compiler had special reasons to be grateful for these contributions.

The establishment of the first Aural Clinic—a response made to the issue of a memorandum by the Ministry of Health on the Prevention of Deafness—is a progressive step in preventive medicine and the prelude possibly to others. A full account appears on pages 14 and 15 of the Report.

A considerable expansion of the Dental Staff has taken place, ten Dental Surgeons having been appointed. It has been realised for a long time that this section of the staff was inadequate and inasmuch as individual dental surgeons were unable to complete a round of their areas in twelve months—some even took two years or more, much of their labour was of little ultimate value because of the inability to “follow up” the work already done.

An innovation recommended by the Board of Education was the appointment of a new type of official—the “Dental Attendant,” to replace the “General” trained dental nurse, as it was considered by the Board of Education that nursing experience was not essential for this type of appointment.

The new dental attendants receive practical instruction in their work at the chair-side by the dental surgeon and they meet for systematic instruction given in a series of lectures in the County Hall.

They have been employed also in “following up” defaulters who have failed to accept the invitation to undergo dental treatment. Visits to the homes of children in this way have met with good results and it is probable this following up will become a regular part of their duties during periods when the schools are not open. Their interviews revealed the fact that many parents had only a vague idea of the dental surgeon's activities and in many cases the interview led to the parents reversing their original decision.

The first steps have been taken towards the establishment of permanent Dental Clinics where work can be carried out under better conditions than at present obtained in hired rooms. The number of these will be limited and they will be placed therefore where they can serve the largest groups of the school population.

None have yet been opened but at the time of writing there is a prospect of our doing so before the end of 1936.

EXTENT OF AREA, NUMBER OF SCHOOLS, &c. The West Riding Elementary Education Area comprises 1,589,393 acres, and includes 832 Public Elementary Schools or 1,164 Departments, and in December 1935 there were 182,603 scholars on the roll.

For educational purposes this area is mapped out into 116 districts, in each of which there is a District Sub-Committee, and these again are grouped into 23 Divisions, each with a Divisional Clerk as local representative of the Education Authority.

2.—Co-ordination.

The work of co-ordination, and the prevention of overlapping and waste of effort, is being improved constantly in many small ways as experience dictates. All sections of the Medical Department are at the service of the school child in some way or other; the Bacteriological Laboratory for diagnosis, the Tuberculosis Staff with its X-Ray equipment for further aid to the same end.

The fact that the School Nurses are in most cases also Health Visitors and, after a few years' service, know the younger children from birth is of even more value than the written records.

The association of the General Hospitals with the School Medical Service through the scheme for hospital treatment meets with general appreciation by the school medical staff, and the after treatment of children dealt with at the hospitals, though not coming within the scheme, is considerably facilitated by the good relations with the Lady Almoners.

The efforts to control Infectious Diseases are exerted by the local Medical Officer of Health often with the co-operation of the School Medical Inspector, but the parallel efforts by means of immunizing the school population against diphtheria are directed by the County Medical Officer.

An effort is now being made in conjunction with the Education Department to secure adequate accommodation for medical activities in new schools as they are being built.

3.—The School Medical Service in Relation to Public Elementary Schools.

School premises are surveyed by the School Medical Inspector on the conclusion of the inspection. Adverse criticisms of the sanitary arrangements are forwarded to the School Medical Officer and ultimately reach the District Sub-Committee or School Managers responsible for the school. The shortcomings to which attention is drawn are (1) structural, (2) functional and (3) misuse, probably in inverse order of frequency. (1) There are few schools where the sanitary arrangements are unsatisfactory even to the most critical judgment. (2) Occasionally there are complaints that the offices are not flushed sufficiently often and (3) more often they are not used as intended to be used and this entails increased work on the caretakers.

Improvements in school premises are continuous, especially in the direction of better lighting, better facilities for washing and improvements in the playground surfaces. Probably the most noticeable change is a bold display of bright colours upon walls in place of the shy timid neutral tints which used to prevail. These have entirely justified themselves in giving the schools and classrooms a warmer and more cheerful tone.

The destruction of obsolete and redundant material, *i.e.*, maps, charts and old books for teaching purposes continues, I am told, but there are still schools where the accumulations do not seem to have been disturbed for some time. This excess of material increases the difficulty of cleaning the school and greatly impairs its appearance.

The use of dustless chalk and the diminution of the amount of dirt carried into school on the children's shoes are still a desideratum, especially the latter. In a few schools the children wear slippers with enhanced comfort to themselves and the cleanliness of the floors, and the diminution of noise.

4.—Medical Inspection.

The statistical tables provide an account of the number of children examined. The total examined during 1935 was 87,102, made up of 20,987 "entrants," 21,228 "intermediates" and 18,718 "leavers"; other inspections were 10,210 "specials," and 15,959 "re-inspections." The figures in each group giving the defects found have varied very little from year to year. These are scrutinised carefully for this purpose, and although it is disappointing to have to record no diminution, it is pleasing to think of the value of bringing to notice defects which might otherwise have passed unnoticed.

5.—Findings of School Medical Inspection.

CLEANLINESS. The general impression of those who work among school children is that there is a great improvement in this respect. The improvement is registered both in the general standard of cleanliness and in the fewness of the really bad cases. These bad cases derive from a few families only, and these are showing some improvement. Public opinion—both out of school and in school—is against uncleanness and the children themselves resent being the object of the school nurses' solicitude, and demand the necessary attention at home to enable them to escape it at school.

These cases are very difficult to deal with as the children "enjoy" exclusion from school.

Dr. Newlands suggests that the combs which will deal efficiently with the conditions are too expensive.

CLOTHING. Clothing is usually excellent. Children, especially girls, are now very satisfactorily dressed in light-weight clothes. Boys besides having heavier clothing which is not so easily washed are rougher in their habits and dirtier. There are few children whose clothes are sewn on to them instead of being fastened by buttons. **Dr. Holderness** found a child underneath ten distinct layers of garments, and this in the summer!

Many of the more spectacular shortcomings in boys' clothing could have been avoided by timely mending.

FOOTGEAR. In general footgear shows some improvement and surveys of large groups of children have shown surprising and gratifying results in that a large proportion of the children seemed to be adequately shod. Nevertheless the cases where children were wearing inadequate leather boots and shoes were too numerous and many were wearing canvas shoes with rubber soles. These latter were manifestly inadequate.

VISION. The present staff of two whole-time oculists and one part-time oculist are about equal to the needs of the school population. It is found by experience that when the two whole-time oculists alone are employed the interval between the School Medical Inspectors' visits and the oculists' visits tends to lengthen. Three of the School Medical Inspectors, **Drs. Coupland, Kirkwood and Holderness**, give part of their time to refraction work.

In colliery districts **Dr. Smith** finds that there is a distinct prejudice against the wearing of glasses, and it militates, so she is informed, against a boy securing employment in the pit.

Nutrition.

The subject of nutrition has now become a national affair to such an extent that National Nutrition has been discussed widely in the public press (though to a less extent in the medical press). It has even been discovered that it has a close relation to another national problem, that of Agriculture. While there is no question that the population as a whole makes too little use of dairy products and fresh fruit and vegetables, the problem of the producer is to get a fair price for his produce and the problem of the consumer is to be able to "command" it in adequate quantities. There also remains the problem of that section of the community which is ignorant of, or indifferent to, the value of dairy and garden produce. This apathy is to some extent disappearing, as, if judged by attendance at lectures, there are some people very anxious to know how best to feed their families. Such guidance is especially necessary in this age of advertisement when the newspapers are full of promises that this or other food will ensure good health to the buyer.

The tendency however of the discussion on these lines of the relation of food and nutrition is to narrow the issue to the exclusion of other factors which should not be ignored. The children of the well-to-do suffer from malnutrition. One of the first surprises of school medical inspection was that nutrition is not always in proportion to family circumstances. This fact comes to the surface again to the amusement of head teachers when the school medical inspector selects a child to have milk and finds that it comes from a farm or a butcher's shop. (These instances however do not invalidate the general soundness of the selection.) Malnutrition may result from a great variety of causes other than physical disability. They may be "environmental" where the child is deprived of adequate rest and sleep, is irregular in habits or there is a lack of fresh air and sunlight, "inherited" (although these are few), or "psychological" when the child is unhappy at home or at school. To focus attention therefore too exclusively on "diet and nutrition" as though the two were synonymous is apt to result in other important causes of "malnutrition" being overlooked. It is quite true that the well fed child is more resistant than the poorly fed child against bad effects of shortage of sleep. The converse of this is that the poorly fed child who is not guaranteed a sufficiency of sleep shows the effects of such shortage more intensively.

Everyone knows examples of persons of great physical and mental activity whose intake of food is exceedingly small and there are still more examples at the other pole of persons who in spite of large intake have very little of either physical or mental activity.

The real test of "nutrition" is excellence of function and durability of wear.

Our greatest authority on food in discussing "Nutrition and Health" and the milk issued free to school children, questions whether our population as a whole is undernourished in the sense that the average of physique and disease resistance is far below what it could be if adequate accessory food factors were provided. He points out that certain specific diseases due to the absence of vitamins are not seen in this country at all, others are excessively rare and one (rickets) although it used to be common is now rapidly disappearing.

In answer to this it should be pointed out that some of these deficiency diseases have been seen in well developed form by careful searchers and there is a well founded suspicion that larval forms of these diseases are fairly frequent.

The role of milk as subsidiary nourishment has often been discussed. It provides a first class protein, a factor often deficient in children's diet. It provides fat and sugar, mineral salts, and two accessory factors. Its value in promoting well being in children has been proved beyond doubt, though, to quote from a letter in "The Times" (March 4th, 1936) "The benefit to the child of the glass of milk, whether provided by the parent or the State, will I fear be less conspicuous than the corresponding advantage which will accrue to the milk trade." Those however, who are in daily contact with the school population believe that the results are encouraging and double the ration where they do not come up to expectation.

A considerable number of surveys has been made in the County during 1935 and these have been made "out of turn" to the considerable dislocation of the routine work. They have been made in compliance with requests from district Sub-Committees as follows:—

Dr. Tyrrell ...	... January 9th to 31st	... ..	... Rothwell, Outwood, Stanley and Newton Hill.
Dr. Rennie ...	... January 9th to 31st, February 4th to 11th	... ..	... Milnsbridge.
Dr. Anderson ...	... July	... ..	... Skipton.
Dr. Mayhall ...	... May 20th, September 6th, November 1st and 4 days in the same month	... ..	... Featherstone.
Dr. Peaker ...	... September 6th to 27th October	... ..	... Castleford.
Dr. Davy ...	... January 7th to 18th, Feb. 11 to 26th, July 5th	... ..	... Mexborough.
Dr. Becker ...	... December 5th to 20th	... ..	... Mexborough and Bolton- on-Dearne.
Dr. Kirkwood ...	... November 15th	... ..	... Worsborough
Dr. Lindsay ...	... December 17th	... ..	... Rawmarsh.
Dr. Holderness ...	... Various dates in July, August, September, October and December	... ..	... Sharlston.

The reports in each case were forwarded to the Education Department for consideration by the Canteen Committee.

In view of the Memorandum from the Board of Education on the subject of the Provision of Meals (Circular 1443) it is proposed to hold two surveys in the year and obviate the alteration of routine work entailed by these sporadic and irregular surveys.

DENTAL INSPECTION AND TREATMENT.

During 1935 there were ten additional whole-time school dentists appointed along with an equivalent number of dental attendants. The dental staff is to be increased still further during 1936 when the complete establishment will number 30 school dentists and 30 dental attendants. Included in this number is the appointment of a senior dental officer (**Mr. B. R. Townend**) who is responsible for the supervision and co-ordination of the work in the Administrative County. This increase of staff has resulted in a considerable diminution of the area allotted to each officer but too short a time has elapsed to demonstrate how the increase of staff will affect the rate of progress of each officer round his area.

It has been recognised for a long time that dental supervision is as necessary in Secondary as in Elementary Schools but until the needs of the latter are met it is not possible to meet the needs of the former. During the year the Governors of one large Secondary School passed a Resolution asking that the School Dental Service should be extended to this Secondary School. The sequel was that the Education Committee determined to extend it to all the Secondary Schools.

The proposal was submitted to the Governors and Managers of the Schools concerned and they all favoured the proposal, and the work has been started.

Some modification was made in the forms used in the Elementary Schools. In the case of Secondary School children it was thought that a fair proportion might be receiving periodical inspection and treatment privately, and to avoid the possibility of encroaching on the territory of private dentists it was decided to ask for permission to carry out inspection before undertaking treatment. The response, as was expected, has been very good.

During the school closures for Whitsuntide holidays the dental attendants were instructed to interview the parents of children who had not accepted treatment and to ascertain the reasons why consent had been withheld.

Some 247 parents were interviewed and as a result of the interview 117 parents have now consented to have the necessary treatment carried out. This result of the personal interview is gratifying. Of the 130 remaining children, 45 preferred to have the treatment carried out by a private dentist.

The reasons given for withholding consent in the remaining 85 cases were varied—so varied in fact they render tabulation difficult. In 45 cases the statement was made that the child was "nervous" or "did not want treatment." This supports the surmise expressed in previous reports that many refusals of treatment were determined by the child himself rather than by the parents.

In the remaining 40 a few reasons were quite justified; one child had recently been ill, one was suffering from chorea, one refusal was under the order of the doctor.

Many of the others displayed ignorance of the scope and purpose of dentistry. Some said the teeth "would fall out themselves when the new teeth were growing." Others attached conditions, and would consent to extraction but not to "fillings." (This prejudice against fillings was mentioned in the report for 1934.) Some were ultra-conservative and said "It was all new fangled and they weren't having it tried out on their children," and in one case the enquiry did not meet with the usual tolerance—the mother "couldn't be bothered, plenty of other things to do."

In a few cases the one shilling registration fee caused the refusal, often because the parents had not read the form as shown by the report "Could not afford and had not noticed about the free treatment on the form."

This form of enquiry will be continued. It has resulted in an increase of acceptances; it is the only mode of contact between the dental staff and the parents and it will help to dispel the ignorance of the latter about the practice of dentistry in schools.

There is still a widespread belief that dentistry is invariably painful and that no anæsthetics are used. Probably this arises from the fact that at present general anæsthetics are not used in the schools of the West Riding Education Committee, and these probably are the only anæsthetics associated in a large section of the public mind with painless dentistry. In the course of the year **Mr. Townend** and other members of the Staff have lectured outside the schools to the mothers at Maternity and Child Welfare Centres, to Boy Scouts, Shop Assistants' Associations, Head Teachers' Associations, Social Service Centres, and Groups of Unemployed. In addition **Mr. Townend** has made (and collected) a dental exhibition, consisting of models, diagrams, specimens, etc., to demonstrate the anatomy and pathology of the teeth. For this purpose it is of great value in giving objectivity to lectures on "School Dentistry." It is suited to both juvenile and adult minds and has been put to much use during the year.

Continuous teaching in oral hygiene is given, either to individual children or to groups of children and on Parents' Days at school an address is given to them. The chief difficulty to contend with is the belief that until a tooth aches it does not require treatment. In fact the Dental Attendants in making their inquiries about non-acceptance came across parents who defended their "laissez-faire" attitude by affirming that the children's teeth were sound because they did not ache.

Mr. Wishart sums up the conflict of opinion thus:—"The decayed tooth to the parental "eye is invariably to the professional eye the unsavable tooth" and this divergence of opinion, he thinks "is the greatest obstacle to a general understanding of the aims of dentistry."

The following extract from instructions given to newcomers on the "Routine of Dental Inspection and Treatment" gives an outline of the aim of the service.

"At six years the object should be to carry on with the removal of sepsis and conserve "six year molars. No efforts should be spared to conserve these teeth at as early an age as "possible and this treatment depends on the early recognition of pre-carious fissures. These "fissures should be cut out and repaired, as over 90% of them become carious in a very short "time. These conservations can be done very quickly with little or no pain or inconvenience to "the child and they should be looked upon as the basis of conservative dentistry for school "children. The same procedure should be carried out when the pre-molars erupt and later the "twelve year molars."

The following table indicates the trend of the work in the direction of more conservative treatment:—

Year.						Per 100 children treated.
1933	...	...	...	...	...	270 extractions. 70 fillings.
1934	...	...	...	...	...	290 extractions. 75 fillings.
1935	...	...	...	...	...	230 extractions. 96 fillings.

The corresponding figures for England and Wales for

1933 are:—	...	189.3 extractions.
	...	73.6 fillings.

The School Dental Service does not undertake the treatment of expectant and nursing mothers under the Maternity and Child Welfare Scheme but on several occasions women who have been recommended for urgent and extensive treatment by the ante-natal Medical Officer have undergone a preliminary examination by a member of the School Dental Service. He has then been in a position to advise on the steps to be taken to secure treatment. This procedure has been found necessary in some cases where the patients mouth has been in a very poor condition, so poor in fact as to necessitate part of the treatment in hospital.

The appointment of untrained dental attendants brought with it the corollary that they should receive special instruction relating to their duties. They spent a short probationary period with their senior colleagues watching their work before beginning to assist the dental surgeons themselves, and tuition of a general kind was given on Saturday mornings in the Lecture Room at the County Hall.

The lectures were:—

- | | | | |
|-----|---|-----|---------------------|
| (1) | "Elementary Physiology of the Circulation" with special relation to Hæmorrhage and Fainting | ... | Dr. R. Lawrence. |
| (2) | Development of the Teeth | ... | Mr. B. R. Townend. |
| (3) | Anatomy of the Teeth | ... | Miss Rachel Sclare. |
| (4) | The Work of the Dental Attendant | ... | Mr. John Mackay. |
| (5) | Oral Prophylaxis | ... | Mr. J. Jackson. |

6.—Infectious Diseases.

Disease.	Closed by Order of Local Sanitary Authority.			Closed by Local Education Authority.	
	Schools.	Depts.	Children under five.	Schools.	Depts.
Measles	3	1	1	—	—
Influenza and Colds	8	—	—	—	—
Mumps	4	2	—	—	—
Chicken Pox	2	1	—	—	—
Scarlet Fever	2	2	—	—	—
Whooping Cough	4	3	—	—	—
Diphtheria	3	3	—	—	—

During the year 1935 more than 3,000 cases of diphtheria were notified in the West Riding Administrative County Area, and as a result, the demand for diphtheria immunisation increased rapidly and over 54,000 children received the protective treatment.

The work has been carried out at schools and centres in the following districts:—

Urban District.	No. of children receiving the protective treatment.	Urban District.	No. of children receiving the protective treatment.
Adwick-le-Street	686	Ilkley	2
Altofts	99	Keighley B.	1,177
Ardley, E. and W.	115	Kirkburton	259
Baildon	4	Kirkheaton	81
Barkisland	39	Knaresborough	750
Barnoldswick	2	Knottingley	356
Batley B.	676	Lepton	171
Bentley-w-Arksey	662	Linthwaite	34
Bingley	84	Luddenden Foot	115
Birkenshaw	40	Marsden	110
Birstal	122	Meltham	2
Bolton-upon-Deane	314	Methley	93
Brighouse B.	102	Mexborough	585
Burley-in-Wharfe	84	Midgley	117
Calverley	189	Mirfield	23
Castleford	1,181	Morley B.	662
Clayton West	85	Mytholmroyd	151
Conisbrough	1,302	New Mill	85
Cudworth	731	Normanton	742
Darfield	259	Oakworth	64
Darton	194	Ossett B.	1,397
Denby-and-Cumberworth	178	Otley	367
Denholme	66	Oxenhope	33
Dodworth	317	Pontefract B.	116
Drighlington	192	Pudsey B.	14
Earby	191	Queensbury	544
Elland	380	Rawdon	340
Emley	33	Rawmarsh	455
Farsley	229	Ripon City	585
Featherstone	130	Rishworth	18
Flockton	47	Rothwell	541
Gildersome	152	Royston	966
Golcar	166	Saddleworth	4
Goole	1,234	Scammonden	27
Greasbrough	144	Selby	786
Greetland	250	Shelf	94
Guiselley	402	Shelley	92
Harrogate B.	2,692	Shepley	75
Haworth	70	Shipley	724
Hebden Bridge	414	Silsden	52
Heckmondwike	168	Skelmanthorpe	118
Hemsworth	736	Skipton	571
Hipperholme	120	Slaithwaite	50
Holmfirth	6	South Crosland	103
Honley	91	Southowram	74
Horbury	136	Sowerby	513
Horsforth	689	Soyland	76
Hoyland Nether	731	Spenborough	460
Hunsworth	43	Stainland	197

INFECTIOUS DISEASES—(Continued).

Urban District.	No. of children receiving the protective treatment.	Urban District.	No. of children receiving the protective treatment.
Stanley	314	Hunslet	288
Stocksbridge	486	Keighley	108
Swinton	5	Kiveton Park	85
Thurstonland and Farnley Tyas	35	Knaresborough	145
Tickhill	115	Pateley Bridge	172
Todmorden B.	1,203	Penistone	205
Wath-upon-Dearne	161	Pontefract	1,549
Whitley Upper	47	Ripon	120
Whitwood	309	Rotherham	448
Wombwell	603	Sedbergh	291
Worsborough	720	Selby	503
Yeadon	88	Settle	1,060
		Skipton	490
RURAL DISTRICT.		Tadcaster	1,554
Barnsley	130	Thorne	934
Bishopthorpe	176	Todmorden	164
Bowland	184	Wakefield	1,352
Doncaster	2,956	Wetherby	1,437
Goole	666	Wharfedale N.	295
Gt. Ouseburn	397	„ S.	
Halifax	96	Wortley	509
Hemsworth	1,595		

7.—Following-up.

The name of each child who is found to be defective in the course of medical inspection is handed to the school nurse who visits the home and interviews the parent with a view to treatment being carried out either by the local doctor or at the school clinic, a record being kept in a special register at school as to the progress of the case.

There are 6 whole time nurses on the staff who give their full time to school nursing, 112 health visitors who devote two-fifths of their time to school work and 69 district nurses who give a proportion of time to school nursing and health visiting.

The duties carried out under the heading of “School Nursing” comprise the following:—

AT SCHOOLS.

- Systematic cleanliness surveys.
- Investigations of outbreaks of infectious disease.
- Following up cases to see that treatment is being, or has been, carried out; that spectacles are worn regularly or are in need of repair, and that special exercises, etc., are done.

AT CLINICS.

- Attendance with the Medical Officer at the Treatment Clinic.
- Attendance at the Clinics on specified mornings to treat minor ailments.

VISITING HOMES.

- Following-up children whose defects have not been remedied.
- Interviewing parents concerning defects found; such as uncleanliness, bad clothing, etc.
- Ascertaining cause of irregular attendance at Clinics.

A summary of the work of the School Nurses is shown below:—

(1) Total number of visits paid to Schools	7,663
(2) Total number of examinations of children	429,066
(3) Total number of individual children found unclean	2,082
(4) Total number of visits paid to homes	30,247

8.—Medical Treatment.

The forms of medical treatment available for the school child are as before: (1) Own Medical Advisor; (2) the School Medical Inspector and Health Visitor at the School Clinic; (3) the District Tuberculosis Officer at the Dispensary, and—through him—Sanatorium and Hospital for Surgical Tuberculosis; (4) the County Oculist and Dentist; (5) the General and Cottage Hospital; (6) Beds rented by the West Riding County Council in open air special schools; (7) Ultra Violet Ray Treatment; (8) Aural Clinic. The forms of treatment under (2), (3), (4), (6), (7) and (8) are provided by the County Council; those under (1) and (5) are private arrangements. The County Council has also a scheme for the operative treatment, in hospital, of children with tonsils and adenoids, ear disease and squint.

The grant to hospitals is £2,000 annually and this sum is allocated to the Voluntary Hospitals in proportion to the cases which are treated under the County's scheme.

The total number of children treated under the County's scheme in 1935 was 1,347 made up as follows:—

Tonsils and Adenoids	...	1,156
Squint	... ..	100
Middle Ear Disease	...	91
		Total 1,347

A certain amount of orthopædic work is being undertaken in the West Riding and the after care of these devolves on the school medical inspectors and health visitors.

The treatment of errors of refraction, shows a decrease (see Table IV) of about 1,100 children who underwent special examination by the county oculists, school medical inspectors and others but the number who received spectacles was similar to last year. The Oculists examined in addition 769 adult persons under the Blind Persons' Act, during the year.

The following classes of cases have been examined by the County Oculists:—

- (1) School children referred by school medical inspectors.
- (2) Children under school age referred from Child Welfare Centres (this co-operation is very much encouraged, to secure early treatment of strabismus).
- (3) Secondary School children, most of them being children who have been awarded scholarships and are about to enter a Secondary School.
- (4) Children who are candidates for Schools for the Blind, or for special schools. These are high myopes and partially blind.
- (5) Children who are leaving such institutions and entering upon training.
- (6) Adult applicants for registration under the Blind Persons Act.
- (7) Adults in Public Assistance Institutions.
- (8) Mentally Defectives in Institutions.
- (9) Candidates for Bingley Training College who require a considerable degree of correction for Myopia.

AURAL CLINIC, DONCASTER.

In 1933 the Ministry of Health issued Circular 1337a which is a memorandum urging Maternity and Child Welfare Authorities to give close attention to the early and continuous treatment of infants suffering from ear defects and deaf mutism. The Child Welfare Sub-Committee gave careful consideration to the Ministry's circular and decided to set up a Clinic in the Doncaster district to serve an area including Bentley, Thorne, Rossington, Armthorpe and Adwick-le-Street. Premises were secured at the Edenfield Nursing Home in the County Borough of Doncaster, and **Mr. Hugh Petty**, Aural Surgeon, of Doncaster, was placed in charge.

The memorandum from the Ministry referred more particularly to the treatment of infants but the Child Welfare Sub-Committee directing as it does the medical supervision of the school child as well as the pre-school child, decided to extend the activities of the clinic to all children from birth to school leaving age.

The ascertainment of children requiring treatment is carried out by the School Medical Inspectors and Medical Officers of Child Welfare Centres who refer cases to the specialist clinic. The aural surgeon prescribes the appropriate treatment which is carried out by the school nurses. The successful treatment of ear conditions frequently requires continuous and persevering effort, much more than can usually be given at home, thus it has been essential for the nurses to be given tuition, and a special lecture and demonstration on the subject was arranged for them.

In order that the treatment could be carefully followed up and carried out by the nurses, additional equipment has been supplied at a number of the school clinics where this need was demonstrated. The greatest difficulty has been that of transport, but this has been surmounted usually by the use of the motor ambulance attached to the Nursing Home. It should be mentioned here that children are required to return to the specialist after longer or shorter periods in order to ascertain their progress or to have treatment modified; thus the ambulance serves a useful purpose in conveying them from school to the clinic and in returning them to school or to their homes.

Ascertainment of Deafness.

The careful ascertainment of deafness has never been an easy matter. The examiner speaks to the child from a distance of 20 feet in a "standard whisper" with the child turned away so that he cannot see the examiner's face. The child closes first one ear then the other with his finger to test each ear separately. More recently there has been invented an audiometer in the form of a gramophone which is more accurate than the method mentioned above in that it gives out a sound of measured pitch and intensity whereas the examiner's "standard whisper" is liable to vary with his own fatigue.

I have often wondered whether in those schools taking the National Broadcasting programme this has led to the detection of any children with slight deafness. I refer to that part of the programme where the broadcaster reads out a series of unrelated words which the children write down from his dictation. In any case where the proportion of mistakes is high this might be kept in mind though there are several other causes besides deafness which might be responsible for the result, *e.g.*, the child might be backward and unfamiliar with the words, or being a bright child he might be unfamiliar with the pronunciation. It would be wise, however, to have a child examined who made a high proportion of mistakes.

The work done at this Aural Clinic is given by **Mr Hugh Petty**, Aural Surgeon in charge, who reports as follows:—"The first session of the Clinic was held on June 19th, 1935 and a total of fourteen have been held up to December 31st and a total of 327 children were examined.

As a new department, some time is necessary to perfect the organisation, but a steady progress has been made towards this end, especially as the area from which the children come is widespread.

The success of the Clinic will depend upon the School Nursing Staff, who carry out the treatment prescribed, and the confidence of the parents to allow their children to be treated.

At the present moment there appears some diffidence shown to the latter point, and I suggest that consideration should be given to this, as a complete history of the child's complaint from the parent is most necessary to efficient diagnosis and subsequent treatment.

Another point of difficulty at the moment is the operative treatment for chronic tonsillitis and adenoids.

The selected cases from the Aural Clinic do not require to be seen again at the Doncaster Royal Infirmary (with whom your Committee has an agreement) before operation. It is now necessary to consider either a re-arrangement of the existing routine or doing the operative treatment at the Clinic.

I have appended a detailed summary of the cases seen at the Clinic, showing the districts from which the children come, and their diseases."

	Dunscroft.	Thorne Moorends.	Woodlands Highfields.	Bentley.	Thurnscoe.	Carcroft.	Skellow	Armthorpe.	Rossington.	Edlington.	Denaby.	TOTALS.
Non-Suppurative Ear Conditions ...	3	10	12	14	14	11	4	28	8	7	9	120
Suppurative Ear Conditions ...	13	6	9	9	18	7	7	7	5	7	30	118
Tonsils referred for operation ...	1	0	2	0	0	0	0	1	0	0	0	4
Adenoids referred for operation ...	1	0	0	0	1	3	1	2	0	2	0	10
Tonsils and Adenoids do. ...	1	4	7	3	8	4	0	11	3	10	16	67
Aural Granulations do. ...	2	0	1	0	0	0	1	0	1	0	3	8

ULTRA-VIOLET LIGHT TREATMENT.

The County Council possesses three Clinics for Ultra-Violet Light Treatment at Hemsworth, Denaby and Holmfirth. In addition it has arrangements with two urban authorities, Bingley and Wombwell, which are authorities under the Maternity and Child Welfare Act, 1918, and under this Act have installed Ultra-Violet Ray equipment for the treatment of babies and children under 5 years. By these arrangements the West Riding County Council is enabled to send school children for treatment at these two centres. The following attendances were made during the year.

Bingley 2,322

Wombwell 2,124

Treatment is also given at the Clayton Hospital, Wakefield, and the General Infirmary, Leeds.

The Ultra-Violet Ray Clinic at Hemsworth is housed in the Child Welfare Centre within the grounds of the West End Council School. It is open on three days a week and is attended on one day by **Dr. Rice**. In all there were 129 sessions at 45 of which the doctor was present.

The Hemsworth Clinic is very popular and the local doctors co-operate by recommending for treatment such of their patients (from babyhood up to 14 years) as they think will profit thereby.

New Clinics have been established by the County Council in 1936 at Sowerby Bridge and Swinton.

REPORT ON HEMSWORTH ULTRA-VIOLET RAY CLINIC FOR 1935.

During the year 126 clinics were held, the doctor being in attendance on 43 of those occasions, 184 cases came for treatment, 58 being still under observation at the year end, therefore 126 cases were discharged. Of these, 20 left of their own accord so that 106 completed their courses of dosage. The results in these 106 cases were as follows:—

Disease.	No. of cases.	Results.
Debility	48 cases	36 cured 8 improved 4 little or no result
Cervical Adenitis (Non-Tubercular)	4 cases	4 cured
Cervical Adenitis (Tubercular)	9 cases	4 cured 3 improved 2 little or no improvement
Rheumatism	7 cases	5 cured 2 improved
Rickets	15 cases	9 cured 5 much improved 1 no improvement
Eczema	1 case	1 cured
Chorea	2 cases	2 cured
Tabes Mesenterica	1 case	1 improved
Pink Disease	2 cases	2 cured
Psoriasis	1 case	1 improved
Furunculosis	2 cases	2 cured
Recurrent Sty	1 case	1 cured
Paresis of legs	1 case	1 no improvement
Fragillitus Ossium	1 case	1 generally improved, no change in disease
Phlyctenular Conjunctivitis	1 case	1 improved
Impetigo	2 cases	2 cured
Knock Knees	1 case	1 improved
Bow Legs	2 cases	2 improved
Delayed Resolution of Pneumonia	1 case	1 very much better
Malnutrition	2 cases	2 improved
Chronic Bronchitis	2 cases	1 improved 1 little or no result

Report on Denaby Ultra-Violet Ray Clinic for 1935.

(Dr. Rice).

During the year 131 clinics were held, the doctor being in attendance on 44 of these occasions. 90 cases came for treatment. Of these, 37 were still under observation at the year end, 53 cases having been discharged. Ten of these cases left of their own accord so that 43 finished their courses of treatment and results can be assessed in these.

The results were as follows:—

Disease.	No. of Cases.	Result.
Debility	22 cases	15 cured 5 improved 2 no result
Tabes Mesenterica	1 case	1 greatly improved
Tuberculous Cervical Adenitis	1 case	1 cured
Rickets	6 cases	2 cured 4 improved
Chorea	6 cases	5 cured 1 improved
Bow Legs	4 cases	4 improved
Bronchial Catarrh	3 cases	1 cured 2 greatly improved

As before, the best results were obtained in those patients who attended most regularly.

Dr. O. T. Wade, Medical Officer of Health for Bingley, provides the following report:—

Report of the Bingley U.V. Light Clinic for 1935.

The number of children on the Register for 1935 was 116, compared with 145 in 1934, and 103 in 1933. Half of this number received two or more courses of artificial light treatment, and a certain percentage attended for massage and remedial exercises.

The total number of attendances was 2,821, as compared with 3,767 in 1934, and 2,815 in 1933. The number of treatments given, including massage and remedial exercises, was 3,285. Of the cases attending, 48 were much improved, 55 improved, 7 remained in *statu quo*, and 6 were discontinued.

Conditions submitted to artificial light included anæmia, debility, bronchitis, asthma, adenitis, cervical glands, malnutrition, rickets, surgical T.B., rheumatism, spasmophilia, chorea, and eczema.

The clinic was open three sessions weekly; in some cases bi-weekly treatment was the routine, and results of applications were noted at the end of the course.

Equipment of the light room consists of mercury vapour and carbon arc lamps. The mercury vapour lamp in use is of the Percy Hall pattern, with evacuated type burner and revolving disc localiser, and for group treatments a multiple carbon arc lamp with mechanical slip grip feed, using cerium iron and boron cored carbons.

Cases of debility were most amenable to treatment. Under reasonable conditions, response was rapid, and recovery definite. Anæmia and malnutrition were not so tractable. Fluctuation of benefit was marked, as well as transiency of improvement obtained. A few cases only showed promise of stable elements of recovery, but these repaid attention given. Several courses of light were applied to those presenting features of special difficulty, but generally these ailments did not yield favourably to treatment.

In diseases associated with defective ossification of bones, rickety deformities such as femoral and tibial curves, proved congenial to general irradiation, although rate of growth of each child introduced differences in progress, apart from effects of treatment itself.

Bronchial conditions that did not lend themselves to first applications, secured more benefit when small doses were suited to sensitivity.

Fumes from carbon arc lamp continued to mitigate symptoms of asthma, the mercury vapour lamp being used on occasions to vary treatment. Change or alteration in this way has been found most effective; where the mercury vapour lamp alone has not shown necessary efficacy, the carbon arc has proved a powerful auxiliary, sometimes eradicating all symptoms during the period of observation.

In several instances, rheumatism has been subdued by carbon arc treatment. With several applications and gradations of dosages before both lamps, enlarged cervical glands were reduced and adenitis subsided.

Favourable results are obtained from treatments with artificial light in cases of spasmophilia in children. Restored co-ordination of movement has not proved uniformly satisfactory in all cases of chorea. In some, anticipations were fully realised; in others, results varied. General radiation have also a very good effect in symptomatic cases of nervous excitability, sleeplessness, and loss of appetite.

In those cases of eczema attending the Clinic, the aim of treatment was mainly sedative. The initial dose was adjusted to tolerance of the subject, with allowance for sensitivity of skin, although in cases of chronic eczema, light is used as an irritant. The artificially produced light-burn increases the eczema to an acute stage. It is then frequently possible to bring about a cure with a neutral ointment.

General reactions to light were most marked within the first fortnight of treatment. Intolerance of children unduly susceptible showed itself in depression, increased irritability, headache, nausea, and loss of appetite. Weight lost by some, however, was almost immediately regained with further increase. Reduction of doses, rather than suspension of treatment, was found to be sufficient to meet special requirements. Substitution of bi-weekly applications produced a tonic effect only. There was no negative phase, no depression or other constitutional symptoms.

Gains in weight, heights, and capacity for work and exercise, with due regard to ages, were the criteria of records of individual progress. In relation to such comparative standards, the year showed a high average of general benefit. Untractable cases were never without slight measure of relief. Where more favourable conditions prevailed, improvement proceeded on an ascending scale. Several cases left prematurely; acidosis, cardiac and kidney trouble which supervened in a small percentage interrupted continuance of treatment.

In addition to those previously enumerated, massage and exercises were given to children with myopathy, polio-myelitis, pseudo-hypertrophic paralysis, hemiplegia, scoliosis, kyphosis, lordosis, genu-valgum and flat foot. Two children came under the school authorities, three children under five years from M. & C. W., and several others were recommended by private Doctors.

Dr. J. C. Pickup, the Medical Officer of Health for Wombwell reports as under:—

Wombwell Artificial Sunlight Clinic.

ATTENDANCE. During the year 1935, one hundred and six children were treated—fifty-nine girls and forty-seven boys—the number of treatments given was 1,872.

RESULTS. No single standard can be applied to all. It is based on (a) amount of improvement in the morbid condition for which the child attended, (b) amount of general improvement in the child's health, and (c) information received from parents concerning the child's improvement in vitality, appetite, sleeping, etc.

A general improvement in health shews itself in various ways, e.g. alert expression and movements, healthy condition of the skin, etc.—and an increase in weight does not always go hand in hand with a gain in health.

DEBILITY AND ANÆMIA. This group includes children who were not thriving nor gaining weight or who had poor home conditions. Forty-one boys and thirty-seven girls were treated. Increased appetite with improvement in general vitality and sleeping were again features noted by parents. Sixty-nine children gained weight varying from half-a-pound to eight pounds, and nine lost weight.

BRONCHITIS. Twenty children attended—three boys and seventeen girls. The experience is that artificial sunlight is of definite value in this class of case, and this is borne out by the parents. The average gain in weight was satisfactory.

ADENITIS. Four cases were treated (two girls and two boys) and the results obtained were satisfactory.

ECZEMA. Three cases (girls) were treated. These quickly cleared up but one of the cases recurred after treatment was concluded and so was included in a later batch for further treatment.

RICKETS. One case (a boy) was treated and improved but was absent at the end of treatment.

SCHOOL CLINICS.

The following is a list of School Clinics established by the County Council, all of which, with the exception of those marked * being in conjunction with the Infant Welfare Centres. The Clinics are chiefly held in the mornings by the School Nurses, who refer any cases requiring medical advice to the Medical Officer of the Welfare Centre.

Name and Address	Day of Meeting
Adwick-le-Street, Woodside Methodist Chapel, Woodlands	Monday, Thursday
Airedale, Holy Cross Hut	Monday, Friday
Armthorpe, Miners' Welfare Institute	Monday, Thursday
Allerton Bywater, Miners' Welfare Institute	Monday, Thursday
Ardsley East, Primitive Methodist Chapel	Tuesday
Ardsley, West, No. 1, Syke Lane, West Ardsley	Monday
Askern, Baptist Sunday School	Tuesday
Baildon, Wesleyan Chapel	Wednesday
Bentley, Welfare Pavilion	Wednesday, Friday
Bramley, Miners' Welfare Hall	Wednesday
Birkenshaw, Methodist Free Church	Tuesday
Birstall, Methodist Schoolroom, Huddersfield Road	Monday, Wednesday
Birdwell, United Methodist Church, Chapel Street	Wednesday
Chapeltown, Miners' Welfare Pavilion	Wednesday, Friday
Carcroft, Presbyterian Sunday School	Thursday
Conisbrough, Army Hut, Balby Street Council School	Mon., Tues., Wed. (Afternoons) Thurs., Fri. (Mornings)
Conisborough Upper, Miners' Welfare Institute	Monday
Crofton, Council School	Monday
Cudworth Wesley Hall	Wednesday, Friday
Dalton, Primitive Methodist Chapel	Wednesday, Friday
Darfield, Wesleyan Sunday School, Barnsley Road	Wednesday, Friday
Darton (Staincross) Wesleyan Sunday School, Barnsley Road, Mapplewell	Thursday
Darton (Gawber) Adult School	Tuesday
Dinnington, Wesleyan Sunday School	Tuesday, Friday
Dodworth, Mechanics' Institute, High Street	Tuesday, Thursday
Drighlington, Wesleyan Sunday School	Monday, Friday
Dunscroft, Church Hall	Tuesday, Friday
Elland, Drill Hall	Wednesday
Edlington, Primitive Methodist Chapel	Tuesday
Earby, Old Grammar School	Wednesday
Farsley, United Methodist Church	Tuesday, Friday
Ferrybridge, Wesleyan Chapel	Thursday
Garforth, St. Mary's Hall	Monday
Guiseley, Baptist Church, Oxford Road	Thursday
Glasshoughton, St. Paul's Institute	Monday, Wednesday, Friday
Golcar, Council Offices	Wednesday
Greetland, Clay House	Tuesday, Thursday
Haworth, Hall Green Baptist School	Tuesday, Friday
Hebden Bridge, Pitt Street Secondary School	Wednesday, Friday
Hemsworth, Army Hut, West End Council School	Every morning
Hemsworth (Fitzwilliam) Church Hut	Monday, Wednesday

SCHOOL CLINICS.—continued.

Name and Address	Day of meeting
Horbury, Wesleyan Sunday School	Monday, Friday
Hoyland, Miners Welfare Institute	Tuesday, Friday
Hoyland Common, Wesleyan Chapel	Thursday
Holmfirth, Town Hall	Thursday
Horsforth, St. Margaret's Hall	Wednesday
Hipperholme, Wesleyan Sunday School	Monday
Kippax, Trinity Methodist Chapel	Tuesday (Thursday, alternate)
Kirkburton, Council School	Tuesday
Knaresborough, Fysche Hall Cottage, Isles Lane	Monday, Thursday
Knottingley, Secondary School, Chapel Street	Monday, Wednesday, Friday
Lepton, Liberal Club	Tuesday, Thursday
Slaithwaite, United Methodist Sunday School, Carr Lane	Wednesday Friday
Maltby, Congregational Chapel	Monday, Thursday
Meltham, Baptist Church	Tuesday
Mirfield, Ings Grove	Monday, Friday
Marsden, Conservative Club	Thursday
Milnsbridge, Bungalow, 93, Manchester Road	Tuesday
Normanton, Park Pavilion	Monday, Wednesday
Otley, Primitive Methodist Chapel, Station Road	Thursday, Friday
Oulton, Village Institute	Thursday
Outwood, Church Institute	Tuesday, Friday
Penistone, Shrewsbury Methodist Chapel	Monday, Wednesday, Friday
Queensbury, Cricket Pavilion	Monday
Rawmarsh, Spiritual Temple, Parkgate	Tuesday, Friday
Ripon City, Alma House	Monday, Tuesday
Royston, Wesleyan Sunday School	Wednesday, Friday
Rossington, United Methodist Church	Monday, Thursday
Saddleworth, Mechanics' Institute, Uppermill	Wednesday, Friday
Selby, Museum Hall, Park Street	Tuesday, Thursday
Sharlston, St. Luke's Hall	Wednesday
Stainforth, New Wesleyan Church	Tuesday, Friday
Silsden, Ambulance Station, Kirkgate	Tuesday, Friday
Skipton, Wesleyan Methodist Sunday School Water Street	Tuesday, Friday
Stocksbridge, Mozart House, Manchester Road, Deepcar	Tuesday
Sowerby Bridge, Allan House	Tuesday, Friday
Stannington, Underbank Chapel	Tuesday, Thursday
Swinton, Rock House	Monday, Thursday, Friday
Stanley, Zion Congregational Chapel	Monday
Tadcaster, Shann House.	Tuesday, Friday
Thorne, Temperance Institute	Monday, Wednesday
Thorne (Moorends) Wesleyan Chapel	Tuesday, Thursday
Thurcroft, Miners' Welfare Institute	Monday, Thursday
Thurnscoe, Church Sunday School, High Street	Monday,
Wath-on-Deerne, Wesleyan Assembly Hall, Chapel Street	Monday, Wednesday
Whitwood, Memorial Hall	Thursday,
Wath-on-Deerne (West Melton) Wesleyan Chapel	Tuesday
Worsborough, Wesleyan Sunday School (Dale)	Monday, Wednesday
Yeadon, Town Hall	Tuesday, Thursday
*Bingley, Mornington Road Council School	Friday
*Bolton-on-Deerne, Council Offices	Monday, Friday
*Castleford, Wesley Street	Tuesday, Wednesday
*Featherstone, Tradesmen's Club	Every morning
*Goole, Dunhill Road	Every morning and Thursday afternoon
*Heckmondwike, Green Side	Monday, Wednesday, Friday
*Mexborough, New Evening School	Every morning
*Robin Hood, Infants' Council School	Every afternoon
*Rothwell, New School Clinic	Friday afternoon
*South Elmsall, Miners' Institute, Moorthorpe	Friday morning
*Stourton, Council School	Tuesday, Friday
*Wombwell, Free Library	Wednesday, p.m.
	Monday p.m., Tuesday a.m., Wednesday p.m.
	Thursday a.m. Friday p.m.
*Wombwell, Jump Council School	

*School Clinics only.

List of Special Schools and Special Classes to which Defective children are sent and the types sent to each school:—

Name of School	No. of W.R. children in attendance on 31st December, 1935.
DELICATE CHILDREN.	
East Anglian Sanatorium, Nr. Colchester	38
West Kirby Convalescent Home, Nr. Liverpool	14
Oak Bank Open Air School, Sevenoaks	39
Brighthouse Open Air School	3
Wombwell Open Air School (W.R.C.C. School)	60
	154
MENTALLY DEFECTIVE CHILDREN.	
Pield Heath House, Middlesex	1
Leeds, Armley Park Special School	1
Northamptonshire Home for Girls	1
Knotty Ash Horticultural Special School, Nr. Liverpool	3
Allerton Priory R. C. Special School, Liverpool	1
Oldham, Chaucer Street Special School	1
Bradford, Margaret McMillan Special School	2
Besford Court Mental Hospital, Worcestershire.	1
Halifax, Quarry House Special School	2
Leeds, East Leeds Special School	2
Clapham Park School, London, S.W.4.	1
Hopewell Hall, Nottingham	1
	17
BLIND AND PARTIALLY BLIND CHILDREN.	
Leeds, Blenheim Walk Home	40
Henshaw's Institution for the Blind, Manchester	2
Royal Blind School, Sheffield	21
Fulwood Homes for the Blind, Preston	5
Bradford, Daisy Hill Myopic School	5
Southport Sunshine Home for Blind Babies	3
Liverpool Blind Asylum	1
Oldham, Gower Street	1
Court Grange Special School, Abbotskerswell, Devon	3
Yorkshire School for the Blind, York	1
	82
DEAF CHILDREN.	
Yorkshire Institution for the Deaf, Doncaster	89
Leeds Blenheim Walk Home for the Deaf	24
Royal Schools for the Deaf, Manchester	14
St. John's Institution for the Deaf, Boston Spa	4
Oldham, Gower Street Special School	3
Rayner's Residential School, Penn, Bucks.	1
Bradford, Bolton Royd Deaf School	1
	136
CRIPPLED CHILDREN.	
Leasowe Children's Hospital	18
Heritage Craft Schools, Chailey	23
St. Michael's Orthopædic Hospital, Clacton-on-Sea	1
Heswall Hospital, Liverpool	4
Heatherwood Hospital, Ascot	1
Marguerite Home, Thorp Arch	1
Children's Rest, Sefton Park, Liverpool	8
St. Vincent's Orthopædic Hospital, Pinner, Middlesex	2
St. Roses R. C. Special School, Stroud	1
Halliwick Cripples Home, Winchmore Hill, London	6
Yorkshire Children's Hospital, Kirby Moorside	1
Lister Lane, School for Cripples, Bradford	1
Biddulph Orthopædic Hospital, Staffordshire	1
	68
EPILEPTIC CHILDREN.	
Maghull Home for Epileptics	2
Lingfield Epileptic Colony, Surrey	3
	5

9.—OPEN-AIR EDUCATION.

WOMBWELL OPEN-AIR SCHOOL.

The school has accommodation for sixty children. It is a mixed school and the children are drawn from the neighbouring area—a limit to the radius being imposed only by the difficulties of transport.

Dr. J. V. Kirkwood reports as under in respect of her supervision of the school during the year.

Six children left the school during the year on attaining 14 years of age.

1. Boy gained $24\frac{1}{2}$ -lbs. in 3 years 6 months—debility and anæmia improved.
2. Boy gained $12\frac{1}{2}$ -lbs. in 1 year 4 months—debility and anæmia much improved.
3. Girl gained $24\frac{3}{4}$ -lbs. in 2 years 10 months—chronic bronchitis, cured.
4. Girl gained 25-lbs. in 2 years 2 months—debility, improved.
5. Girl was only at school 2 months.
6. Girl gained $21\frac{3}{8}$ -lbs. in 2 years 5 months—debility and anæmia improved.

Average stay $24\frac{5}{6}$ months—average gain $21\frac{5}{8}$ -lbs.

Three children left the district during the year.

1. Boy gained $17\frac{1}{8}$ -lbs. in 2 years 11 months—debility cured.
2. Girl gained $12\frac{1}{2}$ -lbs. in 2 years 1 month—glands improved.
3. Girl gained $4\frac{3}{8}$ -lbs. in 9 months—debility cured.

Average stay 1 year 11 months. Average gain $21\frac{5}{8}$ -lbs.

Three children left as cured, December, 1935.

1. Boy gained $16\frac{15}{16}$ -lbs. in 3 years 7 months—old spinal trouble and debility.
2. Boy gained $13\frac{1}{2}$ -lbs. in 3 years 7 months—glands cured
3. Boy gained $19\frac{7}{8}$ -lbs. in 3 years 7 months—glands cured.

Average stay 3 years 7 months. Average gain $16\frac{3}{4}$ -lbs.

One child was advised to leave, December, 1935, as owing to illness at home was scarcely ever at school.

Girl gained $8\frac{1}{4}$ -lbs. in 2 years 2 months—debility improved.

One boy left in February, 1935 owing to nephritis—this boy had not been at school for a long time.

Numbers at school December, 1935. Boys 27—Girls 33.

Progress of children who have been at the school since 1932 (i.e., 3 years 7 months).

Boys 10.	GIRLS 5.
Between 11 and 12 lbs. one.	Between 21 and 24 lbs. one.
„ 12 and 13 lbs. one.	„ 25 and 26 lbs. two.
„ 13 and 14 lbs. one.	„ (one only 3 years 2 months at school.)
„ 16 and 17 lbs. one.	„ 28 and 29 lbs. one
„ 19 and 20 lbs. two.	„ 41 and 42 lbs. one
„ 21 and 22 lbs. two.	Average gain $28\frac{3}{8}$ lbs.
„ 23 and 24 lbs. one.	
„ 24 and 25 lbs. one.	
Average gain $18\frac{5}{8}$ lbs.	

Children admitted 1933 (i.e., 2 years.)

Boys 4.	GIRLS 5.
Between 11 and 12 lbs. one	Between 8 and 9 lbs. one.
„ 17 and 18 lbs. two.	„ 14 and 15 lbs. one.
„ 19 and 20 lbs. one.	„ 16 and 17 lbs. one.
Average gain $16\frac{1}{4}$ lbs.	„ 20 and 21 lbs. one.
	„ 27 and 28 lbs. one.
	Average gain $17\frac{3}{8}$ lbs.

Admitted 1934. (i.e., 1 year 10 months.)

Boys 10.	GIRLS 14.
Between 3 and 4 lbs. one.	Between 5 and 6 lbs. two.
„ 8 and 9 lbs. two.	„ 6 and 7 lbs. one.
„ 9 and 10 lbs. two.	„ 8 and 9 lbs. one.
„ 10 and 11 lbs. three.	„ 9 and 10 lbs. two.
„ 12 and 13 lbs. one.	„ 10 and 11 lbs. two.
„ 15 and 16 lbs. one.	„ 11 and 12 lbs. two.
Average gain $10\frac{1}{8}$ lbs.	„ 14 and 15 lbs. one.
	„ 17 and 18 lbs. one.
	„ 20 and 21 lbs. two.
	Average gain $9\frac{7}{8}$ lbs.

Admitted 1935.

Boys 4.

Between 7 and 8 lbs. one.
,, 14 and 15 lbs. one.
Other two only a short time at school.
Average gain $10\frac{3}{4}$ lbs.

GIRLS 9.

Under one lb. two.
Between 1 and 2 lbs. one.
,, 3 and 4 lbs. one.
,, 5 and 6 lbs. one.
,, 7 and 8 lbs. one.
Other three only a short time at school.
Average gain $3\frac{1}{4}$ lbs.

Defects for which children were admitted were:—

Debility	...	...	...	...	...	...	...	...	...	19
Debility and Anæmia	...	...	...	...	...	...	...	...	...	15
Anæmia	...	...	...	...	...	...	...	...	...	4
Bronchitis	...	...	...	...	...	...	...	...	...	6
Enlarged glands	...	...	...	...	...	...	...	...	...	6
Anæmia and enlarged glands	...	...	...	...	...	...	...	...	...	4
Debility, anæmia and enlarged glands	...	...	...	...	...	...	...	...	...	1
Debility and enlarged glands	...	...	...	...	...	...	...	...	...	1
Old spinal trouble and debility	...	...	...	...	...	...	...	...	...	1
Old T.B. hip and debility	...	...	...	...	...	...	...	...	...	1
Nervous debility	...	...	...	...	...	...	...	...	...	1
Asthma	...	...	...	...	...	...	...	...	...	1

Co-existing physical defects were:—

Enlarged tonsils	15.	Advised as to treatment.								
Tonsils and adenoids	4.	One for operation.								
Defective vision	10.	All either wearing glasses or have had glasses ordered.								
Otorrhæa	...	...	...	...	...	...	...	...	...	1
Heart Disease	...	...	...	...	...	...	...	...	...	2
Nephritis	...	...	...	...	...	...	(now left school)	1		
Teeth	...	...	...	...	...	...	...	...	...	2
Impetigo	...	...	...	...	...	...	...	...	...	1

During the year 2 children contracted diphtheria and 3 scarlet fever.

10.—Physical Education.

This subject has been much debated during the year and public discussions have foreshadowed a great extension of the subject in the curriculum of both Elementary and Secondary Schools.

The value of physical education has never been disputed and more recently there has been a widespread recognition of the desirability of educating the whole organism, *i.e.*, a recognition of the role of physical education not merely as a means of enabling the intellectual faculties to recuperate from fatigue but of the need for educating the brain to have rapid and accurate control of bodily movements.

This has led to some experiments on a small scale of taking classes of the same age group and giving one form a larger proportion of time to physical education than the other. Reports (which however should be viewed sceptically) indicate that those children whose time for physical education was increased surpassed their contemporaries in the parallel form in intellectual progress. The subject is an excellent one for experiment but the subject is one in which enthusiasts are so prone to have their judgement warped by prejudice and *a priori* consideration that experimental work should be on a large scale and very rigorously “controlled.”

The following data are taken from the **Report of the Senior Organizer of Physical Training for 1935**, to whom, and to the Education Officer I am indebted for the information.

The staff consists of a senior organizer, five full time organizers (3 male and 2 female) and one part-time organizer (male).

The members of the organizing staff visit elementary and secondary schools, evening institutes, mining and technical institutes, swimming baths, and playing fields. They conduct teachers’ classes and assist at Vacation Courses. In many ways their help and advice are available to Managers, Governors, and Teachers.

SENIOR SCHOOLS.

The establishment of Senior Schools in a considerable part of the West Riding has made it possible to group together larger numbers of children of about the same age and also to separate the sexes for physical training.

During the past year the West Riding Education Committee has decided to equip senior schools with Gymnasias and as far as possible, to provide them with adequate playing fields. Two senior schools now in course of erection include a gymnasium, namely, Bolton-on-Dearne and Goole, and extensions to Conisborough Senior School also include a gymnasium

A three-year building programme approved by the West Riding County Council includes a large number of gymnasias for senior schools.

Provision has also been made in the estimates for 1936-37 for the supply of shoes to pupils attending senior schools. Small senior schools for boys and for girls will be supplied with 60 pairs of shoes and larger schools (boys', girls' and mixed) will be supplied with 100 pairs. These shoes will be kept at school and only used for physical training.

PLAYGROUNDS.

In order that physical training and games may be taken satisfactorily good playgrounds are necessary. Many Non-Provided schools have difficulty in keeping their playgrounds in a good state of repair. In May 1933, a circular letter was sent to Managers of Non-Provided schools informing them that, under certain conditions, a grant not exceeding one-third of the total cost of permanent improvements to playgrounds would be made.

During the first year of the scheme 22 Non-Provided schools benefited. During the two subsequent years 5 and 11 Non-Provided Schools were respectively aided by the scheme.

The help given to the Non-Provided Schools has been very beneficial, as frequently the playground is the only place where physical training lessons can be taken.

PLAYING FIELDS—SCHOOLS' SPORTS ASSOCIATIONS.

In 1921 a scheme was inaugurated by which the West Riding Education Committee offered grants towards the renting of playing fields and the purchase of material. The scheme enables a number of schools in a district to group themselves together to form a schools' sports association; the teachers form the main body of the executive committee, but valuable help is given by interested ladies and gentlemen from the locality.

When the association is formed an estimate of the proposed expenditure for the coming year is submitted to the Education Officer, and grants up to 50% of approved expenditure are given.

PLAYING FIELDS—PAYMENTS TO OTHER BODIES.

Payments are also made to other bodies, such as Urban District Councils, Sports Clubs, Playing Fields Associations, etc., to secure the sole use of their fields during certain school hours for children in elementary schools.

SWIMMING INSTRUCTION IN ELEMENTARY SCHOOLS.

During the season instruction has been given at 42 Centres as against 38 in Season 1934. Instruction has been given for the first time at the following new Centres:—
Bramley (Rotherham) Open Air Baths To children from Bramley, Maltby, Thurcroft, and (warmed) Wickersley Schools.
Hatfield (Open Air) Baths (warmed) To children from Hatfield and Stainforth Schools.
Worksop (Open Air) Baths (warmed) To children from Woodsetts Council School.
Instruction has been renewed at the Cudworth (Open Air) Baths which were closed during Season 1934 owing to drought.

For the first time children from the undermentioned schools have received instruction:—
Conisborough Baths To children from Mexborough Schools.
Cudworth (Open Air) Baths To children from Brierley, Grimethorpe and Shafton Two Gates Council Schools.
Keighley Baths To children from Silsden Hothfield Street Council School.
Wombwell Baths To children from Hoyland Schools.

The following are the comparable figures for 1935 and 1934.:—

	Total number of children who have received instruction			Total number of attendances made			County Council Certificates gained		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1935	11,946	11,350	23,296	126,262	114,623	240,885	1,862	1,378	3,240
1934	10,296	9,546	19,842	114,183	102,241	216,241	1,820	1,327	3,147
Total Expenditure									
1935	£3,989 7s. 1d.			Average cost per child per attendance			3·98 pence.		
1934	£3,290 13s. 10d.						3·65 pence.		

The swimming season commenced with a very cold May and ended with a wet September. The season was, therefore very short, and the adverse conditions affected the attendance at all baths, but more especially the open air baths.

Each year a larger number of new schools is brought into the scheme of swimming instruction by improvements in the local bus service.

The number of County Council Swimming Certificates gained has again increased. The County Council test is a 75 yards swim, 50 yards on the breast and 25 yards on the back. It takes the average boy about two years to gain the Certificate. An additional test of 25 yards on the breast has been approved by the Committee.

Several kinds of open air baths are used for instructional purposes.

- (1) Warmed and filtered, such as Hatfield, Holmfirth, Edlington, Bramley and Worksop.
- (2) Cold, unfiltered water, but changed, such as Cudworth and Royston.
- (3) Cold river water, as at Ingleton, continuously changed.

The disadvantage of an open air bath is that the swimmer is exposed to the weather and on cold or rainy days the swimming must be cancelled. But in really fine weather the open air bath with the warmth of the sun and the freshness of the air offers distinct advantages over the indoor bath with its hot, stuffy atmosphere.

The disadvantages of the open air bath are very much reduced if the water is heated. In cold open-air baths swimming can only take place satisfactorily in really warm weather. But the results obtained at some of these cold open air baths show that good work is being done there in spite of the handicaps. Their chief danger is the discolouration of the water. It is difficult to see the children in dark coloured water. The river water open air bath at Ingleton is used very well under the circumstances and the results are satisfactory.

Many more open-air baths of the warm, filtered kind are coming into use and no doubt children will receive instruction next year at the beautiful Ilkley open air baths, at Springhead and at Maltby.

SECONDARY SCHOOLS—GYMNASIA.

During recent years several new schools have been erected and equipped with up-to-date gymnasias, and older schools have been provided with extensions which include gymnasias. The following shows the provision of gymnasias in secondary schools aided or maintained by the West Riding Education Authority.

Modern gymnasias built in recent years:—

Bingley Grammar School.
Ecclesfield Grammar School.
Goole Grammar School.
Harrogate Grammar School (two).
Heckmondwike Grammar School.
Honley Holme Valley Grammar School.
Keighley Grammar (Girls') School.
Maltby Grammar School.
Mexborough Secondary (making two—one old, 1 new).
Ossett Grammar School.
Otley Prince Henry's Grammar School.
Pontefract The King's School.
Rothwell Grammar School.
Thorne Grammar School.
Wath-upon-Deane Grammar School.

Proposals have also been put forward to improve the accommodation at other schools.

There are many schools which have a good gymnasium built some years ago. These are not so light and airy as the new modern gymnasias but are otherwise quite good. Altogether 43 of the 53 West Riding Secondary Schools have a fully equipped gymnasium, and two of them have two gymnasias each. The others have a hall equipped with apparatus.

SECONDARY SCHOOL—SWIMMING INSTRUCTION.

Swimming instruction in school hours forms part of the physical training scheme in most secondary schools, *e.g.*, Bingley Grammar, Castleford Grammar, Elland Grammar, Hemsworth Grammar, Ilkley Grammar (at the school indoor bath), Honley Grammar, Keighley Grammar, Morley Grammar, Otley Grammar, (at the local open-air baths) Pontefract The King's, Pudsey Grammar, Ripon Grammar (open-air bath on school premises) Skipton Grammar (at school indoor bath), Wath Grammar, Yeadon and Guiseley (at school indoor bath).

Other schools which are not near enough to swimming baths to attend during school hours do so when the school session is over.

The teaching is in the hands of the physical training master or mistress and the time allotted is one lesson per week in the Summer Term. If the bath is on or near the school premises, one of the physical training lessons is given to swimming instruction. If the bath is situated some distance from the school the school time-table has to be re-organised.

TECHNICAL AND EVENING INSTITUTES. GROUP COURSES.

Physical Training in Technical and Evening Institutes may form part of a group course or may be taken as a separate subject. Usually during the age range 14 years to 16 years, physical training forms part of a group of subjects taken by the individual student, but afterwards, that is during the two years 17-18 and in adult classes, physical training is usually taken as a separate subject.

In the report for the year ending 31st December, 1933, full details were given of the accommodation available, teaching staffs and type of work. During the year 1934-35 some 380 physical training classes were held. About one half of these formed part of a "Group Course," that is to say, one hour per week would be given to physical training and about 5 hours to other subjects.

The single subject classes last from one to two hours and include gymnastic exercises (free standing and apparatus), games, folk dancing, swimming and health talks. Usually boys and girls over 16 years of age and men and women attend these classes.

Rather less than a fifth of the classes are taken in gymnasia, just over three-fifths in the assembly halls, huts, swimming baths, etc. Governors of secondary schools have been asked to throw their gymnasia open to pupils of evening institutes. Governors of the following schools have done so:—

Castleford Grammar.	Maltby Grammar.
Elland Grammar.	Morley Grammar.
Goole Secondary.	Ossett Grammar.
Guisley Secondary.	Otley Grammar.
Hebden Bridge Grammar.	Pudsey Grammar.
Heckmondwike Grammar.	Rothwell Grammar.
Keighley Grammar.	Settle High.
	Thorne Grammar.

Fully equipped gymnasia at some of the technical schools are used as at Whitwood Mining and Technical Institute, Dinnington Mining and Technical Institute, and Batley Technical School.

Four-fifths of the teachers are drawn from the staffs of elementary schools, including senior schools, the others being secondary school teachers, folk dance specialists, swimming instructors and club instructors. It is interesting to note that men teachers trained at Carnegie Hall, Leeds, are beginning to appear at our evening institutes as at Maltby (E. Illingworth) and at Keighley (C. S. Swift).

The pupils vary from the pit lad in the Doncaster district to the "bobbin boy" (Textile) in the Keighley district and the lads from the landowner's estate as at Harewood.

Gradually dress and footwear are being modernised.

During the year of financial depression summer classes in games, athletics and swimming have been reduced, but these classes are now being revived as at Wombwell and Todmorden. During 1935 the Yorkshire Council for Further Education have been considering the question of physical training. A committee has been formed and has had many meetings during the year. A report is to be issued shortly dealing with staffing, premises and schemes of work.

For the year ended March 31st, 1935, grants amounting to £72 14s. 6d. were made to 11 Schools Sports Associations and 12 applications for grants have been received for 1936.

PLAYING FIELDS ATTACHED TO COUNCIL SCHOOLS.

These are the most useful owing to their convenience of access, and most of the new Council Schools have playing fields secured for them adjoining the school or at very short distance away.

11.—Provision of Meals.

MEALS WERE PROVIDED UNDER THE PROVISIONS OF THE EDUCATION ACT, 1921 (SECTIONS 82-84)
AT THE FOLLOWING CENTRES.
YEAR ENDED 31ST DECEMBER, 1935.

Centres at which meals have been supplied	No. of meals (dinners) supplied to certified children during the year.		
	Free	For Payment	Total
Featherstone Salvation Army	41,135	684	41,819
Featherstone, Snydale Council	10,203	919	11,122
Featherstone C.E.	3,952	—	3,952
Featherstone, Loscoe Grove Council	5,418	196	5,614
Hoyland Common United Methodist	12,133	—	12,133
Hoyland, King Street	16,518	—	16,518
Hoyland R.C.	19,269	64	19,333
Hoyland Council	21,236	—	21,236
Bolton Percy Council	629	—	629
Farsley, Frances Street Council and Wesley Street Council	1,329	—	1,329
Wombwell, Jump	10,199	—	10,199
Heckmondwike.	199	—	199
	142,220	1,863	144,083

Subsidiary Nourishment.

	Number of Issues.			
	Certified		Non-Certified	
	Free	For Payment	For payment	Total
(a) Milk	7,273,830	682,351	15,351,412	23,307,593
(b) Cod Liver Oil	3,572,516	90,525	226,958	3,889,999
Total ..	10,846,346	772,876	15,578,370	27,197,592

Subsidiary nourishment was supplied at 668 centres (1,005 depts.).

12.—School Baths.

(See Section 10).

13.—Co-operation of Parents.

This varies from place to place but is usually good. Parents attend in greater numbers with the "Entrants" and "Intermediates" than with "Leavers." They show considerable anxiety about their children's physical welfare and a very great part of the School Medical Inspector's best work is done by means of consultation with such parents. Inspections always take more time when parents are present in great numbers but though the expenditure of time does not appear in any returns it is very well worth while as it ensures contact with them and gives them the assurance that the welfare of their children is being closely watched.

Meeting of parents at Open Days is often the occasion of a talk on the aims of medical inspection and dental treatment. In the same way the meetings of parents in the evening provides an excellent opportunity of explaining the purpose of these services. The audience ask questions showing that they have become interested in the subject.

14.—Co-operation of Teachers.

The success of medical inspection depends largely on the co-operation of head teachers. The preparation of cards, arrangement of accommodation and reception of parents all conduce to securing full value for the work of inspection and the willingness of parents to carry out the inspectors' recommendations.

The Teachers' Consultative Committee has held meetings at the County Hall with members of the Education Committee and officials of the Education Department to consider *inter alia* the limit of the head teachers' rôle in making preparations for medical inspection and dental treatment.

15.—Co-operation of School Inquiry Officers.

(See 1928 Report).

16.—Co-operation of Voluntary Bodies.

(See 1922 Report).

17.—Blind, Deaf and Epileptic Children.

(See Table III).

These children appear in various sections of Table III. The whole group of children comprised in Table III are as far as possible allocated to the school medical inspectors for supervision and periodic report. The work of supervision is generally done at some time when, for one reason or other, the elementary schools are closed.

18.—Nursery Schools.

The Board of Education have recently approved plans for the provision of a Nursery School at Castleford and work will begin on building almost at once.

19.—Secondary Schools.

(See 1932 Report).

20.—Continuation Schools.

(See Report for 1922).

21.—Employment of Children and Young Persons.

The children examined under this heading, viz., 1,074 were almost all to be employed in the distribution of newspapers and milk.

22.—SPECIAL REPORT.

An examination of a series of cases for factors in the Causation of Mental Deficiency.

(By Dr. B. M. Newlands.)

The question of the causes of Mental Deficiency, the hereditary factor, the environmental factor, the possible effect of intra-uterine influences and so on are always of interest.

In examining mental defectives it is always difficult to elicit accurate statements about the mental condition of the parents or other relatives. Sometimes the informants have no real knowledge of facts, sometimes they wish to conceal the existence of any mental abnormalities in the family or, as is quite often the case, they regard conditions as normal which would not be so regarded by people of a higher mental status. As one cannot personally examine the relatives

(except in a few cases of defective school children one can examine brothers or sisters also attending school) one has to accept the statements made by parents or other informants. Even the histories of personal ailments are vague. For example, one not infrequently is told that a child had meningitis in early childhood but on close questioning one feels almost sure that the complaint was not a true meningitis but meningism or other severe symptoms in some illness.

In this small investigation I have examined the family and personal histories of sixty cases of mental deficiency in order to tabulate factors of varying importance in the causation of the amentia found. I am not suggesting that any important deductions could be made from the examination of such a small number as sixty. I have however, included only those cases in which I had reason to believe that the information was reliable.

The sixty is made up of fifty-two cases in children and eight cases in adults. The classifications are:—Feeble minded 40, Imbeciles 17, Idiots 2, Moral Defectives 1. (I may say that I have been obliged to accept my own diagnosis as correct in most cases. In very few cases had there been previous examination and confirmation of the diagnosis by another Medical Officer.)

From the tables it will be seen that in a large proportion of the cases (62·3%) there was more than one operative factor found. In the first two tables I have given the other factors as well as the factor (placed first) to which the table refers.

In the report of the Departmental Committee on Sterilisation of the Mentally Unfit (1934) the influence of the intra-uterine conditions was suggested as an interesting field for research. One frequently hears of ill health in the mother during pregnancy, but it is difficult often to estimate any possible direct influence on the development of the foetus, more frequently information on some indirect influence such as accident to the mother during the ante-natal period or abnormal labour is forthcoming. In my series there were some interesting ante-natal and actual birth histories and these I have tabulated in Tables I and II.

POSSIBLE ANTE-NATAL FACTORS. TABLE I.

This table shows that in 9 of the series (15%) there was an ante-natal disturbance which might possibly have interfered with the mental development of the foetus. It is necessary, however, to point out that in only 4 cases was it the only factor.

M. = Mother. F. = Father. B. = Brother. S. = Sister.

No.	Classification.	Ante-natal Factor.	Other Factors.	
			Personal History.	Family History.
1	Imbecile.	Born during 1926 strike, mother underfed during whole pregnancy.	Negative.	M. cannot read or write. Younger B. is defective, probably imbecile.
2	Imbecile.	M. fell down stairs when 5 months pregnant. Defective born near the menopause.	Bad confinement, breech presentation.	F. died in lunatic asylum. M. is "unstable," defective is illegitimate.
3	Imbecile.	M. had a fall when 7 months pregnant but not severely injured.	Negative.	Negative.
4	Feeble-minded.	M. had severe fall when 8 months pregnant, had to stay in bed for two weeks.	Negative.	Negative.
5	Feeble-minded.	Premature birth at 7th month.	Two fits at 6 years.	Negative.
6	Idiot.	M. had a fall when 6 months pregnant.	Fits from 1½ to 4 years.	Negative.
7	Feeble-minded.	M. in poor health during whole pregnancy.	Negative.	Negative.
8	Feeble-minded.	M. had severe fright and injury and defective was born prematurely at 7th month.	—	Niece is backward.
9	Feeble-minded.	M. had severe ante-partum hæmorrhage at 6-7 months.	Negative.	Negative.

TABLE II. POSSIBLE FACTOR FROM ABNORMAL CONDITION AT BIRTH.

This table shows that in 10 of the series, or 16·6% there was a difficult confinement and/or cerebral paralysis from birth. (It is of course a well established fact that cerebral paralysis is frequently associated with impaired mental development of varying degrees.) As in Table I it is worthy of note that in only three cases is this birth factor the sole one.

No.	Classification.	Birth Factor.	Other Factors.	
			Personal History.	Family History.
1	Feeble-minded.	Cerebral diplegia.	—	M. was “poorest scholar in family.”
2	Feeble-minded.	Forceps delivery.	Fell on head when 3 days old.	B. is certified imbecile.
3	Imbecile.	Bad confinement with breech presentation.	M. fell down stairs when 5 months pregnant. Defective born near Menopause. (Case 2, Table I.)	F. died in an asylum. M. is “unstable.” Defective is illegitimate.
4	Imbecile.	Cerebral diplegia—foreeps delivery.	Negative	Negative.
5	Feeble-minded.	Slow labour—infantile hemiplegia from birth.	Severe fits at 6 weeks and 3 months.	Negative.
6	Imbecile.	Forceps delivery.	Negative.	Uncle had fits, another uncle was backward.
7	Imbecile.	Precipitate labour and child fell on ground at birth.	Negative.	Negative.
8	Feeble-minded.	Bad confinement, slow and difficult.	Negative.	Negative.
9	Imbecile.	Foreeps delivery.	Severe congenital heart disease. Fits at 6-7 years.	M. cannot read, B. certified feeble minded.
10	Imbecile.	Spastic paraplegia from birth.	32 fits in first week of life.	Paternal grand uncle was deaf and dumb.

It is recognised that heredity is an important factor in the causation of any mental defect, data having been obtained from the study of family histories.

In this series under review I found that in only 21 of the 60 cases were the family history entirely negative. By “negative” I mean that as far as one could be reasonably certain, (having to rely chiefly on the statements of relatives), the members of the family for as far back as was known were of average mental ability. In the remaining 39 cases (60·5%) there was mental defect ranging from slowness, or backwardness to actual amentia and insanity. Nearly all the cases were drawn from an area where environment is not conducive to a high mental status and for that reason I think that when so-and-so was admitted to be “backward” or a “poor scholar” one can accept that to mean that he or she was definitely subnormal in mental ability.

I found that in 13 of the cases (21·6%) there was insanity or mental deficiency.

In the following table I have included under backwardness such relatives as were described as “slow,” “backward,” “poor scholar,” “unable to read or write” or both.

I have classified the abnormal mental states taken from the date of family histories as follows :—

TABLE III. FAMILY MENTAL HISTORIES (HEREDITARY FACTOR).

Relationship.	Backward.	Mentally Defective.	Insane.	Epileptic.	Unstable.	Deaf Mute.
Mothers	11	1	2	0	1	0
Fathers	6	0	1	0	0	0
Brothers	7	5	0	0	0	0
Sisters	5	1	0	0	0	0
Other Relatives ...	3	2	2	3	0	2
Total	32	9	5	3	1	2

In some cases it was found that more than one member of a family was in the "Backward" group. Thus:—

Number of cases with only one member backward	...	...	8
Number of cases with two members backward	...	...	3
Number of cases with three or more members backward	...	...	4

Again, in some cases more than one abnormal mental state was found in a family. Thus:—

Number showing backwardness and insanity	...	...	2
Number showing backwardness and mental deficiency	...	...	3
Number showing mental deficiency and insanity	...	...	1
Number showing backwardness, insanity and epilepsy	...	...	1

In the report of the Departmental Committee on Sterilisation of the Mentally Unfit already referred to, it was stated that some witnesses expressed the view that environmental factors alone may in certain cases account for mental conditions in members of the same family, or in others accentuate inherited weakness. In this connection I think it is of interest to point out that in the series examined the environmental factor was probably a strong one. All the cases examined were living in the South Yorkshire coalfields where poverty and poor home conditions generally have existed for some years.

I think the fact that only 21 of the 60 cases could be regarded as definitely negative in their family histories lends some support to the contention, even in such a small series, that environment alone is a contributory factor in causation of mental deficiency or certainly to the contention that it may accentuate inherited weakness.

A further examination of personal histories of the series shows that in infancy or early childhood there was illness which might have been another factor proving the mental defects found. In 14 cases there were fits, meningitis, or marked delicacy in infancy or early childhood, but as was found in the cases in Tables I and II this was only a contributory factor. In only 3 of the 14 cases was it the sole factor. In 3 cases where cerebro-spinal meningitis occurred at 3-8 years it was definitely established that these children were not normal in development before the meningitis occurred.

In his book "Mental Deficiency" Dr. Tredgold, referring to the Before, During and After Birth Factors says "there is no doubt that a history of one or other of these factors can be elicited "in a considerable number of cases of amentia . . . but the proportion of cases in which they "are the sole cause is relatively small." He further states "I am of the opinion that the im- "portance of abnormalities of labour as a cause of amentia has been overrated . . . if careful "inquiries are made pronounced hereditary tendency will be found in a very large proportion."

An analysis of the factors in the series I examined showed that in only 7 of the 60 cases no factor at all was elicited. Of the remaining 53, in only 20 was there a sole factor operating and in those 20 cases the factor of heredity accounted for 14 of them. Thus 62·3% showed more than one factor operating.

SUMMARY.

An examination of a small series of mental defectives for factors causing their mental deficiency showed that:—

- 1. In 62·3% more than one factor was operating.
- 2. Heredity or probably heredity and environment was found to be the strongest factor—60·5%.
- 3. In 15% ante-natal influences were a factor but in only 6·6% of the series was it the sole factor.
- 4. In 16·6% abnormal labour or other birth factor was operating but in only 5% was it the sole factor.
- 5. Of the 19 cases classified under Tables I and II (ante-natal and birth factors), 10 were of the imbecile and idiot grade. I think an examination of a much larger series than this present one would possibly show that where ante-natal and birth factors were sufficiently strong to be the main cause of mental deficiency they would probably produce the more severe types of amentia.

23.—Miscellaneous.

CLINICAL PATHOLOGY.

The following specimens were taken by the school medical staff and submitted to the County Laboratory for examination:—

Throat Swabs	...	...	...	...	...	...	...	241
Hairs and Scales for Ringworm	...	...	...	...	...	...	...	158
Miscellaneous Specimens	...	...	...	...	...	...	...	62
								<hr/> 461 <hr/>

SPECIAL EXAMINATIONS WERE MADE DURING THE YEAR, AS FOLLOWS:—

(a) Cases examined under the Mental Deficiency Act (1913) and the Education Act (1921)	1,138
(b) School Absentees	217
(c) Teachers, Caretakers, Candidates and others	236
(d) Children Examined under the Employment of Children Acts ...	1,074
(e) Children examined for Licences for Entertainment	13
	<hr/> 2,678

Medical Certificates were submitted to the School Medical Officer for scrutiny in respect of 88 applicants for admission to Bingley Training College.

BINGLEY TRAINING COLLEGE.

Special visits were made to the College in June by **Dr. Nora M. Allan**, to examine 83 Students who were about to complete their second year of training.

The candidates, after examination, were placed in the following classes:—A1, 44; A2, 35; B1, 2.

In addition, 2 uncertificated teachers were examined.

In September, **Dr. Allan** again went to the College and 84 newly admitted students were examined. These were classified as follows:—A1, 50; A2, 32; B2, 2.

County Hall,
Wakefield,
April, 1936.

T. N. V. POTTS,

School Medical Officer.

TABLE I.
Return of Medical Inspections (Elementary).

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	20,987
Intermediates	...	...	...	...	...	...	...	...	21,228
Leavers	...	...	...	...	...	...	...	...	18,718
Total									60,933
Number of other Routine Inspections									—
Grand Total									60,933
B. OTHER INSPECTIONS.									
Number of Special Inspections									10,210
Number of Re-inspections									15,959
Total									26,169
C.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)									
Code Groups—									
Entrants	...	...	...	...	...	...	...	...	4,684
Intermediates	...	...	...	...	...	...	...	...	6,128
Leavers	...	...	...	...	...	...	...	...	5,034
Total (code groups)									15,846
Other routine inspections									—
Grand Total									15,846

TABLE I. (a).
Return of Medical Inspections (Secondary).

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	4,613
Age Group 15	...	...	...	...	...	...	...	...	3,243
Total									7,856
B. OTHER INSPECTIONS.									
Number of Special Inspections									623
Number of Re-inspections									1,079
Total									1,702
C.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)									
Code Groups—									
Entrants	...	...	...	...	...	...	...	...	1,096
Age Group 15	...	...	...	...	...	...	...	...	854
Total (code groups)									1,950
Other routine inspections									—
Grand Total									1,950

West Riding County Council. Medical Inspection Department.

TABLE II. (A)

Return of defects found in the course of Medical Inspection of Elementary School Children in 1935.

DEFECT OR DISEASE.						Routine Inspections.		Specials.	
						Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
Skin	Ringworm	Head	...	...	1	51	2	17	1
		Body	...	...	2	29	2	10	2
	Scabies	...	...	...	3	86	7	28	11
	Impetigo	...	...	...	4	261	3	104	3
	Other Diseases (Non-Tubercular)	...	...	...	5	592	123	125	39
Total (Heads 1 to 5)						1,019	137	284	56
Eyes	Blepharitis	...	...	...	6	739	55	183	25
	Conjunctivitis	...	...	...	7	88	7	23	—
	Keratitis	...	...	...	8	3	1	5	—
	Corneal Opacities	...	...	...	9	49	40	29	17
	Other Conditions	...	...	...	10	142	40	43	12
Total (Heads 6 to 10)						1,021	143	283	54
Ears	Defective Vision	...	...	...	11	4,679	1,908	2,627	959
	Squint	...	...	...	12	817	273	201	60
	Defective Hearing	...	...	...	13	222	116	73	37
	Otitis Media	...	...	...	14	383	36	122	14
	Other Ear Diseases	...	...	...	15	146	8	56	5
Nose and Throat.	Enlarged Tonsils	...	...	...	16	1,859	6,497	423	700
	Adenoids	...	...	...	17	242	403	81	96
	Enlarged Tonsils and Adenoids	...	...	...	18	953	402	356	92
	Other Conditions	...	...	...	19	360	225	72	49
	Enlarged Cervical Glands (Non-Tubercular)	...	...	...	20	386	3,793	36	113
Heart and Circulation	Defective Speech	...	...	...	21	96	184	13	47
	Heart Disease	Organic	...	...	22	226	314	64	87
		Functional	...	...	23	70	338	25	54
	Anæmia	...	...	...	24	1,313	378	440	70
	Bronchitis	...	...	...	25	954	546	82	18
Lungs	Other Non-Tubercular Diseases	...	...	...	26	66	487	10	22
	Pulmonary	Definite	...	...	27	12	9	3	3
		Suspected	...	...	28	66	64	29	10
		Glands	...	...	29	56	45	8	22
		Bones and Joints	...	...	30	14	16	6	1
Tuberculosis	Non-Pulmonary	Skin	...	...	31	3	1	—	—
		Other Forms	...	...	32	8	6	5	3
	Total (Heads 29 to 32)					81	68	19	26
Nervous System	Epilepsy	...	...	...	33	15	18	11	15
	Chorea	...	...	...	34	44	49	22	7
	Other Conditions	...	...	...	35	86	278	24	112
	Rickets	...	...	...	36	411	171	14	11
	Spinal Curvature	...	...	...	37	172	354	30	105
Deformities	Other Forms	...	...	...	38	200	203	51	50
	Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	...	...	...	39	1,211	2,310	325	1,162
TOTAL						17,110	19,712	5,776	4,034

Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age Groups.							Number of Children Inspected.	A. (excellent.)		B. (normal.)		C. (slightly sub-normal.)		D. (bad.)	
								No.	%	No.	%	No.	%	No.	%
Entrants	...	...	...	...	...	...	20,987	2453	11.68	15,006	71.50	3341	15.92	187	0.90
Intermediates	...	...	...	...	...	...	21,228	1802	8.49	15032	70.81	4197	19.77	197	0.93
Leavers	...	...	..	...	...	...	18,718	2379	12.71	13101	69.99	3112	16.62	126	0.68
Other routine inspections							—	—	—	—	—	—	—	—	—
TOTAL							60,933	6634	10.89	43139	70.79	10650	17.48	510	0.84

TABLE IIa.—A.

Return of Defects found in the course of Medical Inspection of
Secondary School Children in 1935.

DEFECT OR DISEASE.						Routine Inspections.		Specials.	
						Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Skin	Ringworm	Head	...	...	1	1	—	—	—
		Body	...	...	2	3	—	—	—
	Scabies	...	...	...	3	1	—	1	—
	Impetigo	...	...	...	4	4	—	3	—
	Other Diseases (Non-Tubercular)	...	...	...	5	118	29	13	—
Total (Heads 1 to 5)						127	29	17	—
Eyes	Blepharitis	...	...	...	6	49	6	2	1
	Conjunctivitis	...	...	...	7	9	—	1	1
	Keratitis	...	...	...	8	—	—	—	—
	Corneal Opacities	...	...	...	9	1	2	1	—
	Other Conditions	...	...	...	10	18	8	2	2
Total (Heads 6 to 10)						77	16	6	4
Ears	Defective Vision	...	...	...	11	864	659	192	75
	Squint	...	...	...	12	32	26	2	1
	Defective Hearing	...	...	...	13	15	9	1	—
	Otitis Media	...	...	...	14	20	1	3	—
	Other Ear Diseases	...	...	...	15	31	—	4	—
Nose and Throat.	Enlarged Tonsils	...	...	...	16	117	347	10	18
	Adenoids	...	...	...	17	13	31	1	3
	Enlarged Tonsils and Adenoids	...	...	...	18	32	20	5	1
Other Conditions						19	37	5	1
Enlarged Cervical Glands (Non-Tubercular)						20	54	98	1
Defective Speech						21	11	5	—
Heart and Circulation	Heart	Organic	...	...	22	43	44	15	27
	Disease	Functional	...	...	23	23	63	5	11
	Anæmia	...	...	...	24	217	43	42	6
Lungs	Bronchitis	...	...	...	25	24	8	2	—
	Other Non-Tubercular Diseases	...	...	...	26	6	11	1	—
Tuberculosis	Pulmonary	Definite	...	...	27	—	—	—	1
		Suspected	...	...	28	—	4	—	—
	Non-Pulmonary	Glands	...	...	29	2	6	—	—
		Bones and Joints	...	...	30	1	1	—	—
		Skin	...	...	31	2	—	—	—
		Other Forms	...	...	32	—	—	1	—
		Total (Heads 29 to 32)	...	...	...	5	7	1	—
Nervous System	Epilepsy	...	...	...	33	1	—	—	—
	Chorea	...	...	...	34	1	2	—	3
	Other Conditions	...	...	...	35	15	30	1	3
Deformities	Rickets	...	...	...	36	22	4	1	—
	Spinal Curvature	...	...	...	37	84	104	21	11
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						38	296	178	50
						39	156	236	48
TOTAL						2,323	1,999	434	204

Classification of the Nutrition of Children Inspected during the year in
the Routine Age Groups.

Age Groups.							Number of Children Inspected.	A. (excellent.)		B. (normal.)		C. (slightly sub-normal.)		D. (bad.)			
								No.	%	No.	%	No.	%	No.	%		
Entrants	...	...	...	...	...	...	4,613	649	14.07	3575	77.50	382	8.28	7	0.15
Age-group 15	...	...	...	...	...	...	3,246	562	17.31	2496	76.89	188	5.80	—	—
TOTAL							7,859	1211	15.41	6071	77.25	570	7.25	7	0.09

TABLE III.

Return of all Exceptional Children in the West Riding,
31st December, 1935.

BLIND CHILDREN		46
At Certified Schools for the Blind		4
At Public Elementary Schools		1
At Other Institutions		6
At no School or Institution		
		57
PARTIALLY BLIND CHILDREN		—
At Certified Schools for the Blind		35
At Certified Schools for the Partially Blind		71
At Public Elementary Schools		—
At Other Institutions		9
At no School or Institution		
		115
DEAF CHILDREN		109
At Certified Schools for the Deaf		9
At Public Elementary Schools		—
At other Institutions		8
At no School or Institution		
		126
PARTIALLY DEAF CHILDREN		23
At Certified Schools for the Deaf		—
At Certified Schools for the Partially Deaf		5
At Public Elementary Schools		—
At other Institutions		2
At no School or Institution		
		30
MENTALLY DEFECTIVE CHILDREN		
(Feeble-minded Children)		
At Certified Schools for Mentally Defective Children		17
At Public Elementary Schools		297
At Other Institutions		15
At no School or Institution		253
		582
EPILEPTIC CHILDREN		
(Children suffering from Severe Epilepsy)		
At Certified Special Schools		5
At Public Elementary Schools		16
At other Institutions		2
At no School or Institution		40
		63
PHYSICALLY DEFECTIVE CHILDREN		
(Children Suffering from Pulmonary Tuberculosis—including Pleura and Intra-Thoracic Glands)		
At Certified Special Schools		3
At Public Elementary Schools		409
At other Institutions		77
At no School or Institution		61
		550
(Children suffering from Non-Pulmonary Tuberculosis)		
At Certified Special Schools		3
At Public Elementary Schools		774
At other Institutions		137
At no School or Institution		96
		1,010
DELICATE CHILDREN		
At Certified Special Schools		154
At Public Elementary Schools		37
At other Institutions		—
At no School or Institution		73
		264
CRIPPLED CHILDREN		
At Certified Special Schools		64
At Public Elementary Schools		104
At other Institutions		2
At no School or Institution		87
		257
CHILDREN WITH HEART DISEASE		
At Certified Special Schools		4
At Public Elementary Schools		11
At other Institutions		—
At no School or Institution		63
		78

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Feeble Minded and Cripple ...	—	3	—	16	19
Feeble Minded and Epileptic ...	—	5	1	20	26
Feeble Minded and Blind ...	—	—	—	3	3
Feeble Minded and Heart Disease ...	—	—	—	2	2
Epileptic and Cripple ...	—	1	—	2	3
Feeble Minded and Deaf ...	1	—	—	—	1
/ TOTAL ...	1	9	1	43	54

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1935.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin.			
Ringworm—Scalp			
(1) X-Ray Treatment. If none, indicate by dash	—	—	—
(2) Other Treatment	574	69	643
Ringworm—Body	379	19	398
Scabies	584	60	644
Impetigo	13,937	196	14,133
Other skin diseases	—	—	—
Minor Eye Defects			
(External and other, but excluding cases falling in Group II).	2,993	174	3,167
Minor Ear Defects	3,391	110	3,501
Miscellaneous	25,580	334	25,914
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
TOTAL ...	48,587	1,107	49,694

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Number of Defects dealt with.			
Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report) ...	7,238	273	7,511
Other Defect or Disease of the eyes (excluding those recorded in Group I)	—	—	—
TOTAL ...	7,238	273	7,511
Number of children for whom spectacles were			
(a) Prescribed	5,237	273	5,510
(b) Obtained	4,098	—	4,098

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (see note b). (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
251	68	802	35	156	36	492	44	407	104	1294	79	—	1884
(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.													

Group IV.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE.	5		7	8	9	10	11	12	13	14	TOTAL.
Number	8622	10463	10975	10896	10752	6487	4990	4126	3930	638	71879

(b) Specials	...	...	...	...	...	...	...	...	...	...	3,835
(c) TOTAL (Routine and Specials)	...	...	...	...	...	...	...	...	...	...	75,714

(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	...	60,056
(3) Number actually treated	...	...	...	...	...	...	...	...	...	...	41,504
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	...	43,338

(5) Half-days devoted to:—											
Inspection	...	...	875								
Treatment	...	...	5,784								
TOTAL	...	...	6,659								

(7) Extractions:—											
Permanent Teeth								14,317			
Temporary Teeth								75,538			
TOTAL	...	...	...	...	...	...	...	89,855			

(8) Administrations of general anæsthetics for extractions											—
--	--	--	--	--	--	--	--	--	--	--	---

(6) Fillings:—											
Permanent Teeth	...	...	27,106								
Temporary Teeth	...	...	1,963								
TOTAL	...	...	29,069								

(9) Other Operations:—											
Permanent Teeth								4,033			
Temporary Teeth								1,130			
TOTAL	...	...	...	...	...	...	...	5,163			

Group V.—Uncleanliness and Verminous Conditions.

- (1) Average number of visits per School made during the year by the School Nurses ... 9.2
- (2) Total number of examinations of children in the Schools by School Nurses ... 429,066
- (3) Number of individual children found unclean ... 2,082
- (4) Number of children cleansed under arrangements made by the Local Education Authority ... 133
- (5) Number of cases in which legal proceedings were taken—
 - (a) Under the Education Act, 1921 ... —
 - (b) Under School Attendance Bye-laws ... —